

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P00000044346**

1. Entity Name  
**MYAKKA DRYWALL, INC.**



Principal Place of Business  
**6910 237TH STREET EAST  
MYAKKA CITY, FL 34251**

Mailing Address  
**6910 237TH STREET EAST  
MYAKKA CITY, FL 34251**

FILED

04 OCT -4 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1002080</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KIELMANN, DAVID M  
6910 237TH STREET EAST  
MYAKKA CITY, FL 34251**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004 -**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIELMANN, DAVID MICHAEL 6910 237TH STREET EAST MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LINDER, EARIS 906 27TH ST CT S BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KIELMANN, SHAYNE 6910 237 ST. E. MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

900041606459  
10/05/04--01041--014 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *David M Kielmann*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9/30/04 941-809-5326*  
Date Daytime Phone #