

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90019 042 \*\*\*150.00

**DOCUMENT # P00000072943**

1. Entity Name

INTRACOASTAL DRYWALL, INC.



Principal Place of Business

227 FAIRWAY E  
TEQUESTA FL 33469

Mailing Address

227 FAIRWAY E  
TEQUESTA FL 33469

**94025529**



MOORE

CR2E034 (11/03)

2. Principal Place of Business

208 US HWY ONE  
Suite, Apt. #, etc.  
#11

3. Mailing Address

208 US HWY ONE  
Suite, Apt. #, etc.  
#11

City & State

TEQUESTA FL

City & State

TEQUESTA FL

Zip

33469

Country

USA

Zip

33469

Country

USA

4. FEI Number

65-1030029

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, TIMOTHY K ESQ  
631 US HWY ONE, STE 404  
N PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME COVEY, DANIEL  
STREET ADDRESS 691 SE VOLTAIR TERR  
CITY-ST-ZIP PORT ST LUCIE FL 34983

TITLE D ☐ Delete  
NAME RAIFORD, THOMAS  
STREET ADDRESS 227 FAIRWAY E  
CITY-ST-ZIP TEQUESTA FL 33469

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*TOM RAIFORD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/04

561-745-2991

Date

Daytime Phone #