2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91211 050 ***150.00

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DOCUMENT # P00000081661

1. Entity Name
SUPREME DRYWALL & PAINTING CO., INC.

Principal Place of Business	Mailing Address
3852 48TH AVE S ST PETERSBURG, FL 33711	PO BOX 531904 ST. PETERSBURG, FL 33747

02272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
14605-49TH STREET NORTH		14605-49TH STREET NORTH	
Suite, Apt. #, etc.: SUITE ONE		Suite, Apt. #, etc.: SUITE ONE	
City & State: CLEARWATER, FLORIDA		City & State: CLEARWATER, FLORIDA	
Zip: 33762	Country: USA	Zip: 33762	Country: USA

4. FEI Number: 59-3674374 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NEVILLE, SUSAN M
3852 48TH AVE S
ST PETERSBURG, FL 33711

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEVILLE, SUSAN M 3852 48TH AVE S ST PETERSBURG, FL 33711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T,S NEVILLE, SUSAN M. 14605-49TH STREET NORTH SUITE ONE CLEARWATER, FL 33762 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NEVILLE, STEPHEN R 14605-49TH STREET NORTH SUITE ONE CLEARWATER, FL 33762 ☐ Change ☒ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Susan M. Neville — 29 April 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: SUSAN M. NEVILLE, SECRETARY/TREASURER
Date: 29 APRIL 2004
Daytime Phone #: 727.536.0976