

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000096799

1. Entity Name
J.S. DRYWALL CONTRACTOR, INC.



Principal Place of Business
**1970 OSCEOLA PKWY
B-332
KISSIMMEE, FL 34743**

Mailing Address
**1970 OSCEOLA PKWY
B-332
KISSIMMEE, FL 34743**



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3677480

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SOTO, JULIETA N
1970 OSCEOLA PKWY
B-332
KISSIMMEE, FL 34743**

**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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

1000000143032

04/30/04-80075-013 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SOTO, JULIETA N
STREET ADDRESS	1970 OSCEOLA PKWY
CITY - ST - ZIP	KISSIMMEE, FL 34743
TITLE	VP
NAME	MARTINEZ, JESUS R
STREET ADDRESS	1970 OSCEOLA PKWY
CITY - ST - ZIP	KISSIMMEE, FL 34743
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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)(f), 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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR