## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

## **DOCUMENT # P01000009726**

1. Entity Name

CITY-ST-ZIP

S&S DESIGN DRYWALL, INC.						04-22-2004 90088 008 ***150.00				
Principal Place	e of Business	<del></del>	Mailing Address			_				
7869 N LEEWYNN SARASOTA FL 34240			7869 N LEEWYNN SARASOTA FL 34240	7869 N LEEWYNN						
Principal Place of Business     3. Mailing Address						-				
Suite, Apt. #, etc.			Suite, Apt. #, etc.		_	MOORE CI	R2Ė034	(11/03)		
City & State			City & State			4. FEI Number 65-1069203				pplied For ot Applicable
Zip Country		Zip	Zip Countr		5. Certificate of Status Desired See Required Fee Required					
Name and Address of Current Registered Agent						7. Na	ame and Address of New Reg	gistered A	gent	
			·+		Name			····	<u> -</u> .	· · · · ·
PERSSE, JOHN W 1800 SECOND STREET STE 71 SARASOTA FL 34236			715		Street Address (P.O. Box Number is Not Acceptable)					
					City	<b>E</b>				
								FL		
the obligat	tions of regist		nt for the purpose of changing its	s registere	ed office or regist	tered ager	nt, or both, in the State of Florid	da. iam f	amiliar with	n, and accept
SIGNATURE .		or printed name of registered a	gent and title if applicable. (NOT	TE: Registered	d Agent signature requir	red when reins	estating)	DATE		<del></del>
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 \$5.00 May Be Trust Fund Contribution.   Added to Fees					
									J Adde	ed to Fees
		Florida Departmer		11.		ADD				
Make Check		Florida Departmer	ND DIRECTORS	11.		ADD	Trust Fund Contribution.			
Make Check	k Payable to	Florida Departmer OFFICERS A	nt of State	_		ADD	Trust Fund Contribution.		DIRECTOR	RS IN 11
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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 application and that my signature shalf 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: SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Apr 22, 2004 8:00 am Secretary of State