



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90420 013 ***150.00

DOCUMENT # P01000021053					
1. Entity Name ERIC WALKER DRYWALL, INC.					
Principal Place of Business 2930 VISTA PALM DRIVE EDGEWATER, FL 32141			Mailing Address 685-B GEORGIA AVE. LONGWOOD, FL 32750		
2. Principal Place of Business 2604 Tamarind Drive		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Edgewater, Florida		City & State		4. FEI Number 59-3703904	
Zip 32141		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEVORE, ROSA DELUDE ASSOCIATES, INC. 685-B GEORGE AVE LONGWOOD, FL 32750			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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PT NAME WALKER, MICHAEL E STREET ADDRESS 2930 VISTA PALM DR CITY-ST-ZIP EDGEWATER, FL 32141	<input type="checkbox"/> Delete		TITLE PT NAME Walker Michael E STREET ADDRESS 2604 Tamarind Drive CITY-ST-ZIP Edgewater, Florida 32141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME RIZZA, SEBASTIAN STREET ADDRESS 3411 TAMERIND DR CITY-ST-ZIP EDGEWATER, FL 32141	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME DELEON, DAVID STREET ADDRESS 1703 PALMETTO ST CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			Eric Walker		4-28-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone # 407-830-0297