


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

05-03-2004 90459 008 \*\*\*150.00

DOCUMENT # P01000067773

1. Entity Name  
 LEFT COAST DRYWALL, INC.



Principal Place of Business  
 15549 CORTEZ BLVD  
 BROOKSVILLE, FL 34613-6117

Mailing Address  
 15549 CORTEZ BLVD  
 BROOKSVILLE, FL 34613-6117



2. Principal Place of Business  
 8022 Eastern Circle  
 Suite, Apt. #, etc. Dr.

3. Mailing Address  
 8022 Eastern Circle Dr  
 Suite, Apt. #, etc.

04152004 Chg-P CR2E034 (10/03)

City & State  
 Brooksville, Fl.

City & State  
 Brooksville, Fl.

Zip  
 34613

Country  
 USA

Zip  
 34613

Country  
 USA

4. FEI Number  
 59-3728427

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

BOLDUC, RICKEY A  
 15549 CORTEZ BLVD  
 BROOKSVILLE, FL 34613-6117

7. Name and Address of New Registered Agent

Name  
 Bolduc, Rickey A.

Street Address (P.O. Box Number is Not Acceptable)  
 8022 Eastern Circle Dr.

City  
 Brooksville

FL

Zip Code  
 34613

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 Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BOLDUC, RICKEY A 515 EAST ORANGE, APT 304 LAKELAND, FL 33801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PITMAN, BRIAN 4523 BIMINI DRIVE SPRING HILL, FL 34609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. ALLMAN, CHARLES 15549 CORTEZ BLVD BROOKSVILLE, FL 34613 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Bolduc, Rickey A. 8022 Eastern Circle Dr. Brooksville, Fl. 34613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pittman, Brian 16034 Sam C Rd. Brooksville, Fl. 34613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/29/04  
 Daytime Phone #: 352 584-6299