

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90122 039 ***550.00

DOCUMENT # P01000071316 1. Entity Name M T DRYWALL, INC.			
Principal Place of Business 297 IXORA DRIVE UNIT 54 PALM HARBOR, FL 34684-3418		Mailing Address 297 IXORA DRIVE UNIT 54 PALM HARBOR, FL 34684-3418	
2. Principal Place of Business 2665 GREENDALE CT Suite, Apt. #, etc.		3. Mailing Address 2665 GREENDALE CT Suite, Apt. #, etc.	
City & State PALM HARBOR FL Zip 34684 Country PINELLAS		City & State PALM HARBOR Zip 34684 Country PINELLAS	
4. FEI Number 59-3732609		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GEORGE G. PAPPAS, P.A. 901 N. HERCULES AVE. STE C CLEARWATER, FL 33765		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 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DPT <input type="checkbox"/> Delete NAME TOMA, MONDI STREET ADDRESS 297 IXORA DR #54 CITY-ST-ZIP PALM HARBOR, FL 34684	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <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:		Date Resident 7/7/05 Daytime Phone #	

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