

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90030 002 \*\*\*150.00

**66005093**



1st MOORE CR2E034 (10/04)

|   |   |         |  |  |  |
|---|---|---------|--|--|--|
| <b>DOCUMENT # P01000077429</b><br>1. Entity Name<br><b>INTRACOASTAL DRYWALL OF FLORIDA, INC.</b>  |   |         |  |  |  |
| Principal Place of Business<br><b>208 US HWY ONE<br/>#11<br/>TEQUESTA FL 33469</b>  |   |         | Mailing Address<br><b>208 US HWY ONE<br/>#11<br/>TEQUESTA FL 33469</b> |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |         | 3. Mailing Address<br>Suite, Apt. #, etc.                              |  |  |
| City & State  |   |         | City & State   |  |  |
| Zip   |   | Country |  | 4. FEI Number <b>65-1129250</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |         |  | <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><b>ANDERSON, TIMOTHY K ESQ<br/>631 US HWY. ONE, STE. 404<br/>NORTH PALM BEACH FL 33408</b>   |   |         |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br>SIGNATURE <u><i>[Signature]</i></u> <b>TOM RAIFORD</b> DATE <u>1/30/05</u><br><small>Signature of the registered agent or the person authorized to act as such. (NOTE: Registered Agent signature required when registering)</small>   |   |         |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |   |         |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |         | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>           |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>COVEY, DANIEL</b><br><b>691 SE VOLTAIR TERRACE</b><br><b>PORT ST. LUCIE FL 34983</b> <input type="checkbox"/> Delete |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>RAIFORD, THOMAS</b><br><b>227 FAIRWAY E.</b><br><b>TEQUESTA FL 33467</b> <input type="checkbox"/> Delete             |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>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: <u><i>[Signature]</i></u> <b>TOM RAIFORD VP</b> DATE <u>3/10/05</u> <b>561-745-2991</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |         |  |  |  |