## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000104074

NEWTON, CHERYL L

2714 7TH AVE. WEST

BRADENTON, FL 34205

Name:

Address:

City-St-Zip:

FILED Apr 27, 2004 Secretary of State

Entity Na	me: DRYWAL	L REPAIR SERVICES INC.			,	
Current Principal Place of Business:			New Principal Place of Business:			
	AVE. WEST FON, FL 34205	5				
Current Mailing Address:			New Mailing Address:			
	AVE. WEST FON, FL 34205	5				
FEI Number	: 80-0006804	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired (X)	
Name and	d Address of C	current Registered Agent:	Name and	Name and Address of New Registered Agent:		
	, CHERYL AVE. WEST FON, FL 34205	5				
	e named entity : e of Florida.	submits this statement for the p	urpose of changing i	its registered	office or registered agent, or both,	
SIGNATU	RE:					
	Electror	ic Signature of Registered Age	nt	Date		
Election Car	mpaign Financing	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD ( ) WILSON, JIM 2624 48TH AVE BRADENTON, I		Title: Name: Address: City-St-Zip:	WILSON, JIM 5624 14TH S	TREET WEST #12	
Title: Name: Address: City-St-Zip:	VD ( ) LUNDGREN, M 2714 7TH AVE. BRADENTON, I	WEST	Title: Name: Address: City-St-Zip:	,	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD ( ) NULL, EVON 2624 48TH AVE BRADENTON, I		Title: Name: Address: City-St-Zip:	NULL, EVON	TREET WEST #12	
Title:	TD (	Delete	Title	,	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CHERYL NEWTON TD 04/27/2004