


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90169 001 \*\*\*158.75

DOCUMENT # P02000020352		
1. Entity Name FREEDOM DRYWALL, INC.		

Principal Place of Business 4106 W. OSBORNE AVENUE TAMPA FL 33614	Mailing Address P.O. BOX 15515 TAMPA FL 33684
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2. Principal Place of Business 4106 W. OSBORNE AVE	3. Mailing Address P.O. BOX 15515
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State TAMPA FLORIDA	City & State TAMPA, FL.
Zip 33614	Country U.S.A.
Zip 33684	Country U.S.A.

4. FEI Number 02-0553600	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  BELLNIER, DENNIS 4106 W. OSBORNE AVENUE TAMPA FL 33614	
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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 <u>Dennis Bellnier</u> Signature, typed or printed name of registered agent and title if applicable	DATE <u>4-28-05</u> (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELLNIER, DENNIS 4106 W. OSBORNE AVENUE TAMPA FL 33614 <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	<del>S BELLNIER, AMY 4106 W. OSBORNE AVENUE TAMPA FL 33614</del> <input checked="" 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
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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.	
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SIGNATURE: <u>Dennis Bellnier</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>4-28-05</u> Date	Daytime Phone #
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