


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000025198 1. Entity Name CUSTOM QUALITY DRYWALL, INC	
---	---

Principal Place of Business 1324 S 14TH ST FERNANDINA BCH, FL 32034	Mailing Address 1324 S 14TH ST FERNANDINA BCH, FL 32034
---	---



DO NOT WRITE IN THIS SPACE

03022005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3617054	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

CROFT, TERRI L
1409 CHESTER RD
YULEE, FL 32097

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 CROFT, JAMES K II 1409 CHESTER RD YULEE, FL 32097
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CROFT, TERRI L 1409 CHESTER RD YULEE, FL 32097
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000369931
07/01/05-80002-008 550.00

**DO NOT WRITE
IN THIS SPACE**

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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-27-05
Date

904-261-9546
Daytime Phone #