

2005 FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000033935

1. Entity Name

FOREVER READY DRYWALL & PLASTERING INC.



Principal Place of Business

44 HAIDA TRAIL
CRAWFORDVILLE, FL 32327

Mailing Address

44 HAIDA TRAIL
CRAWFORDVILLE, FL 32327

FILED

05 MAY -3 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01112005 No Chg-P CR2E034 (10/03) 05

4. FEI Number

41-2038293

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROBERTS, STANLEY
44 HAIDA TRAIL
CRAWFORDVILLE, FL 32327

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 D
NAME ROBERTS, STANLEY
STREET ADDRESS 44 HAIDA TRAIL
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE D
NAME ROBERTS, CASSANDRA
STREET ADDRESS 44 HAIDA TRAIL
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000054865370
05/17/05--01016--005 **150.00

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 like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #