


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000050926 1. Entity Name JBK BRANDON DRYWALL, INC.	
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Principal Place of Business 578 TULANE DRIVE ALTAMONTE SPRINGS, FL 32714	Mailing Address 578 TULANE DRIVE ALTAMONTE SPRINGS, FL 32714
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01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0593045	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DE LEON, JUAN 578 TULANE DRIVE ALTAMONTE SPRINGS, FL 32714

**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

U00000205495
01/31/05-80049-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DE LEON, JUAN 578 TULANE DRIVE ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MERCADO, BERNARDO 578 TULANE DRIVE ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MARES-BECERRA, JUAN PABLO 578 TULANE DRIVE ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Juan De Leon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/28/05 Daytime Phone # 407 772 215