

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000063076

1. Entity Name
TURNER PRO DRYWALL, INC.



FILED

04 APR 27 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1903 E INDIANHEAD DR
TALLAHASSEE, FL 32301

Mailing Address
1903 E INDIANHEAD DR
TALLAHASSEE, FL 32301

2. Principal Place of Business

3. Mailing Address



04052004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TURNER, WILLIAM M
1903 E INDIANHEAD DR
TALLAHASSEE, FL 32301

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

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, 2004 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

DPT
TURNER, WILLIAM M
1903 E INDIANHEAD DR
TALLAHASSEE, FL 32301

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
CARRAWAY, CHAD
238 CARRAWAY CUTOFF
CRAWFORDVILLE, FL 32327

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700035780897
05/07/04--01094--007 **150.00

☐ Change ☐ Addition

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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:

William M. Turner William M. Turner 4/28/04 402-7650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #