2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000064022

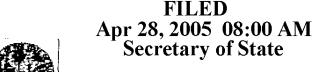
Entity Name

RIVER CITY ACOUSTICS & DRYWALL, INC.

Principal Place of Business

Mailing Address

P.O. BOX 530425 DEBARY, FL 32753 P.O. BOX 530425 DEBARY, FL 32753





DO NOT WRITE IN THIS SPACE

03152005 No Chg-P

CR2E034 (10/03)

4. FEI Number 30-0087712

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MYERS, MATT 157WILDWOOD DRIVE DEBARY, FL 32713

DO NOT WRITE IN THIS SPACE

DEBART, TE 32/13			IN THIS SPACE	
	e named entity submits this statement for the p titions of registered agent.	ourpose of changing its registered office	or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title in	f applicable (NOTE Registered Agent sign	nature required when reinstasting)	_ , DATE
	E NOW!!! FEE IS \$150.00 lay 1, 2005 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS AND DIRECT P MYERS, MATT 157 WILDWOOD DRIVE DEBARY, FL 32713	TORS	1,000,00339944 04/28/05-80035-023 150.00 DO NOT WRITE IN THIS SPACE	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	· · · · · · · · · · · · · · · · · · ·		

12. I hereby certify that the information supplied with this filling 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 a address, with all other like empowered

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-05

(386)753-976