

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2005 SEP 16 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50066826



04282004 Chg-P CR2E034 (10/03)

| | | | |
|--|--|---|--|
| DOCUMENT # P02000073888 | | | |
| 1. Entity Name RKS DRYWALL & PAINTING, INC. <i>NLC 5/25/04</i> | | | |
| Principal Place of Business 589 W 14TH STREET STE 5 HAVANA, FL 32333 | | Mailing Address 589 W 14TH STREET STE 5 HAVANA, FL 32333 | |
| 2. Principal Place of Business <i>3167 St. Johns Bluff Rd.</i> | | 3. Mailing Address <i>3167 St. Johns Bluff Rd.</i> | |
| Suite, Apt. #, etc. <i>Suite 103</i> | | Suite, Apt. #, etc. <i>Suite 103</i> | |
| City & State <i>Jacksonville FL</i> | | City & State <i>Jacksonville FL</i> | |
| Zip <i>32246</i> | Country <i>USA</i> | Zip <i>32246</i> | Country <i>USA</i> |
| 4. FEI Number 02-0629530 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent SANDOVAL, RICHARD W 705 SANDRINGHAM DRIVE JACKSONVILLE, FL 32225 | | 7. Name and Address of New Registered Agent Name <i>Sandoval, Richard W</i> Street Address (P.O. Box Number is Not Acceptable) <i>3167 St. Johns Bluff Rd.</i> <i>Suite 103</i> City <i>Jacksonville</i> FL Zip Code <i>32246</i> | |
| 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 <i>Richard W Sandoval</i> RICHARD W SANDOVAL <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SANDOVAL, RICHARD W 705 SANDRINGHAM DRIVE JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>President</i> Sandoval, Richard W <i>3167 St. Johns Bluff Rd. Ste. 103</i> <i>Jacksonville, FL 32246</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SANDOVAL, KIM W 705 SANDRINGHAM DRIVE JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>Vice President</i> Sandoval, Kim W <i>3167 St. Johns Bluff Rd. Ste. 103</i> <i>Jacksonville, FL 32246</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST BARNHILL, GAREY 1124 KINGS RD NEPTUNE BACH, FL 32266 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 600059751276 03/19/05--01062--021 **150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <i>Richard W Sandoval</i> RICHARD W. SANDOVAL <i>4/28/04</i> 6200300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |

qllbar