2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 17, 2004
Secretary of State

DOCUMENT# P02000074665

Entity Name: PREMIER DRYWALL OF NE FL, INC.

Current Principal Place of Business:

2066 EMERSON ST #02
JACKSONVILLE, FL 32207

New Principal Place of Business:

3200 LENOX AVE
SUITE 5
JACKSONVILLE, FL 32254

Current Mailing Address:

POST OFFICE BOX 43367
JACKSONVILLE, FL 32203

New Mailing Address:

FEI Number: 82-0556982 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOSU, ARTHUR K
5350 ARLINGTON EXPY #4802
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FOSU, ARTHUR K
Address: 5350 ALINGTON EXPY #4802
City-St-Zip: JACKSONVILLE, FL 32211

Title: S ( ) Delete
Name: FOSU, ANGELICA M
Address: 5350 ALINGTON EXPY #4802
City-St-Zip: JACKSONVILLE, FL 32211

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: FOSU, ANGELICA M
Address: 5350 ALINGTON EXPY #4802
City-St-Zip: JACKSONVILLE, FL 32211

Title: TRES ( ) Change (X) Addition
Name: LIFE, VERONICA E
Address: 5350 ARLINGTON EXPY #4905
City-St-Zip: JACKSONVILLE, FL 32211

Title: DIR ( ) Change (X) Addition
Name: MYNES, CLAY A
Address: 3200 LENOX AVE SUITE 5
City-St-Zip: JACKSONVILLE, FL 32254

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR FOSU PRES 09/17/2004

Electronic Signature of Signing Officer or Director Date