2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004 8:00 am
Secretary of State
04-06-2004 90026 022 ***150.00

DOCUMENT # P02000083541

1. Entity Name
SOUTHWEST DRYWALL, INC.

Principal Place of Business	Mailing Address
PO BOX 381055 MURDOCK, FL 33938-1055	4415 METRO PKWY STE 325 MYERS, FL 33916

03252004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
20101 Peachland Blvd.	20101 Peachland Blvd.
Suite, Apt. #, etc. 304	Suite, Apt. #, etc. 304
City & State: Port Charlotte, FL	City & State: Port Charlotte, FL
Zip: 33954 Country: U.S.	Zip: 33954 Country: U.S.

4. FEI Number 51-0427222 ☐ Applied For ☐ Not Applicable

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
MURPHY, DANIEL L 20020 VETERANS BLD PORT CHARLOTTE, FL 33954	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 ______________________________

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPTS TISEO, JOHN A 214 PORTO VELMO ST PUNTA GORDA, FL 33983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STREET ADDRESS: 214 Porto Velho St.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: X [signature] JOHN A. TISEO 3/30/04 9412553330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #