2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 09, 2005 08:00 AM DOCUMENT # P02000111657 **Secretary of State** T. Entity Name JARY DRYWALL INC. Mailing Address Principal Place of Business 2136 HILLARY LANE 2136 HILLARY LANE 2136 HILLARY LANE, FL 32566 NAVARRE, FL 32566 US 01292005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-3877206 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FANELLA, NICHOLAS R 434 TANGLEWOOD DRIVE FORT WALTON BEACH, FL 32547 IN THIS SPACE of changing in tegistered office or registered agent, or both, in the State of Florda. I am familiar with, and accept 8. The above named entity pubmits this statement for the purpose the obligations of regi (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PS GOMEZ, JARY NAME 2136 HILLARY LANE STREET ADDRESS NAVARRE, FL 32566 CITY-ST-ZIP U<u>00</u>0000256828 TITLE 03/09/05-80028-025 158.75 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 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)(f). 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 earlies with all other like empowered. SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED