2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

| DOCUMENT # P02050115267  1. Entity Name  K & T DRYWALL SERVICES, INC. |   |   |                                       |                           | FILED Aug 10, 2005 08:00 AM Secretary of State   |
|---|---|---|---------------------------------------|---------------------------|--|
| Principal Plac  | ee of Business  | Mailing Address                                     | · · · · · · · · · · · · · · · · · · · |                           |  |
| 1377 SIX IRON DRIVE   |   | 1377 SIX IRON DRIVE                                 |                                       |                           |  |
| LAKELAND  |   | LAKELAND FL   |                                       |                           |  |
| 2. Principal Place of Business  |   | 3. Mailing Address                                  |                                       |                           |  |
| Suite, Apt. #, etc  |   | Suite, Apt. #, etc.                                 |                                       |                           | 1st MOORE CR2E034 (10/04)  |
| City & State  |   | City & State  |                                       | ·                         | 4. FEI Number 13-4219179 Applied For Not Applied For   |
| Zip   | Country   | Zip.  | Cour                                  | ntry                      | 5. Certificate of Status Desired   \$8.75 Additional Fee Required  |
|   | 6. Name and Address of Curre  | nt Registered Agent                                 |                                       | Nierra                    | 7. Name and Address of New Registered Agent  |
| MCGRATH, TAMMY  |   |   |                                       | Name                      |  |
| 1377 SIX IŔON DRIVE<br>LAKELAND FL 33801                              |   |   |                                       | 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 chan                             | ging its register                     | ed office or registe      | ered agent, or both, in the State of Florida I am familiar with, and accer   |
| ine obligat   | ions of registered agent.   |   |                                       | 4 ==                      |  |
|   | Signature. Турью огрипted name of registered agr  | ent and tille d applicable                          | (NO'E Registere                       | d Agent signature require | ed when reinstating) DATE  |
| After   | ILE NOW!!! FEE IS \$150.00<br>May 1, 2005 Fee Will Be \$550.<br>Payable to Florida Department |   |                                       |                           | 9. Election Campaign Financing \$5.00 May 8 Trust Fund Contribution.  Added to Fees  |
| 10.   |   | ID DIRECTORS  | 11.                                   |                           | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |
| TITLE   | VPT   | ☐ Dele  |                                       | 1                         | Change Addition  |
| CAME<br>STREET ADDRESS<br>CATY+ST-ZIP                                 | TANZILLO, KEITH<br>1377 SIX IRON DRIVE<br>LAKELAND FL 33801                                   |   |                                       | ET ADDRESS<br>-ST-ZIP     | 000000376045<br>08/10/05-80001-011 550.00  |
| TITLE   |   | ☐ Dele  | te IIII                               |                           | ☐ Change ☐ Additio   |
| NAME<br>STHEET ADDRESS  |   |   | MAM                                   | l l                       |  |
| CITA-21-SIB   |   |   |                                       | ELAPORESS<br>-51-ZP       | •  |
| TITLE   |   | ☐ Dele  | te TITLE                              | :                         | ☐ Change ☐ Addilio   |
| NAME .  |   |   | NAM                                   | ·                         |  |
| STREET ADDRESS  |   |   |                                       | ELADORESS   ST-ZIP        | للمستهمة والمنصارية المنازية المنازية المنازية المنازية المنازية المنازية المنازية المنازية المنازية   |
| TITLE   |   | ☐ Delet   | e Inte                                |                           | ☐ Change ☐ Addition  |
| NAME  | ` ,   |   | NAME                                  |                           |  |
| STREET ADDRESS<br>CITY: ST-719  |   |   |                                       | EAUDRESS<br>ST-ZIP        |  |
| TITLE   |   |   |                                       | 21.5%                     | ☐ Change ☐ Addition  |
| NAME  |   | E Daleii  | NAME                                  |                           | Change [] Addition   |
| SUREE! ADDRESS  |   |   |                                       | TADDRESS                  |  |
| CUY-SI-ZIP  |   |   |                                       | ST-200                    |  |
| THILF<br>NAME   |   | Delete  | B THIF<br>NAME                        |                           | ☐ Change ☐ Addition  |
| STREET ADDRESS  |   |   |                                       | TADDRESS                  |  |
| CITY-ST-ZIP   |   |   |                                       | ST-ZIP                    |  |
| of the corp   | on inis report of supplemental report   | is true and accurate and<br>cowered to execute this | that my signati<br>report as requir   | ITA Shall hava tha s      | ection 119.07(3)(i), Fiorida Statutes. I further certify that the information same legal effect as if made under oath, that I am an officer or director 7, Florida Statutes, and that my name appears in Block 10 or Block 11 if |