

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000121531

1. Entity Name
COLUMBIA DRYWALL SERVICE, INC.



FILED

04 OCT -1 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
LESLIE WOOD ROAD
LULU, FL 32061

Mailing Address
ROUTE 1, BOX 123
LULU, FL 32061



09302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
45-0519719

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NORRIS, JOHN E
NORRIS, KOBERLEIN & JOHNSON, P.A.
253 N.W. MAIN BOULEVARD
LAKE CITY, FL 32056-2349

**DO NOT WRITE
IN THIS SPACE**

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 *John E. Norris*
Signature, typed or printed name of registered agent and title if applicable.

John E. Norris

September 30, 2004

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARDEN, WENDELL B
STREET ADDRESS	ROUTE 1, BOX 123
CITY-ST-ZIP	LULU, FL 32061
TITLE	DS
NAME	HARDEN, WESLEY
STREET ADDRESS	RT 1 BOX 123
CITY-ST-ZIP	LUTZ, FL 32061
TITLE	AS
NAME	STEPHENS, CHAD
STREET ADDRESS	RT 1 BOX 123
CITY-ST-ZIP	LULU, FL 32061
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500041556645
10/04/04--01014--009 **550.00

\$310/1

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IN THIS SPACE**

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: *Wendell B. Harden* Wendell B. Harden 9-30-04 (386)752-6370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #