

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90033 012 \*\*\*150.00

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03142005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P02000130328</b> 1. Entity Name <b>ERNEST DRYWALL INC.</b>					
Principal Place of Business <b>7200 POWERS AVE., APT. 104 JACKSONVILLE, FL 32217</b>			Mailing Address <b>7200 POWERS AVE., APT. 104 JACKSONVILLE, FL 32217</b>		
2. Principal Place of Business <b>4740 Cumberland Station</b> Suite, Apt. #, etc. <b>CT</b>		3. Mailing Address <b>4740 Cumberland Station Ct</b> Suite, Apt. #, etc.		4. FEI Number <b>54-2086456</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For -  <input type="checkbox"/> Not Applicable         </div>	
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>			
Zip <b>32257</b>		Zip <b>32257</b>			
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>TOBIAS, ERNESTO A 7200 POWERS AVE., APT. 199 JACKSONVILLE, FL 32217</b>				7. Name and Address of New Registered Agent Name <b>Tobias, Ernesto A</b> Street Address (P.O. Box Number is Not Acceptable) <b>4740 Cumberland Station Ct</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32257</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME TOBIAS, ERNESTO STREET ADDRESS 7200 POWERS AVE., APT. 104 CITY-ST-ZIP JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete		TITLE PD NAME TOBIAS, ERNESTO A. STREET ADDRESS 4740 Cumberland Station Ct CITY-ST-ZIP Jacksonville FL 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME HERNANDEZ, SANDRA E STREET ADDRESS 7200 POWERS AVE., APT. 104 CITY-ST-ZIP JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete		TITLE VD NAME Hernandez Sandra E STREET ADDRESS 4740 Cumberland Station Ct CITY-ST-ZIP Jacksonville, FL 32257	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date _____ Daytime Phone # _____	