2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2005 8:00 am Secretary of State

| DOCUMENT # P02000132091 1. Entity Name JEFF STANJESKI DRYWALL, INC. | | | | | | | 03-17-2005 90014 019 ***150.00 | | | | |
|---|----------------------------------|--|---------------------------|--|------------------------|---|--|---------------------------|---------------------------------------|---------------|-------------|
| Principal Place of Business 5701 LUCKASAVAGE RD PLANT CITY, FL 33567 | | | | lailing Address 5701 LUCKASAVAGE R PLANT CITY, FL 3356 | | - | 1 8 8 118 118 118 11 8 8 8 11 8 8 8 8 8 | DI KI nto 1014 (10 | 110 0 0 110 3 010 1 310 | | |
| 2. Principal Place of Business | | | | Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | 02042005 | Chg-P | CR2E0 | 34 (10/03) | |
| City & State | | | | City & State | | 4. FEI Number Applied For 72-1555967 Not Applicable | | | t Applicable | | |
| Zip | | | | Zip Coun | | itry | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | |
| Name and Address of Current Registered Agent | | | | | | 7. Name and Address of New Registered Agent Name | | | | | |
| STANJESKI-FRED 1707 OAK BRANCH CT BRANDON, FL 33511 | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | | City | | | FL | Zip Code | 9 | |
| 8. The above the obligat | riamed entitions of regis | y submits this statementered agent. | for the | purpose of changing its | s register | ed office or registe | red agent, or bo | oth, in the State of Flo | | amiliar with, | and accept |
| SIGNATURE. | Signature, typed | or printed name of registered ag | d Agent signature require | d when reinstating) | | DATE | | | | | |
| FIL After M | E NOW!!! ay 1, 200 | FEE IS \$150.00 5 Fee will be \$55 | 0.00 | 9. Election Campa Trust Fund Con | • | | .00 May Be ded to Fees | | | | |
| 10. | OFFIÇERS AND DIRECTORS | | | | 11. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | |
| NAME STREET ADDRESS CITY-SJ-ZIP | | SKI, JEFF CKASAVAGE RD ITY, FL 33567 | | Delete | | 4 | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | | | | | | | | | - | ☐ Change | ☐ Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | | į į | | · | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | | | | | | ☐ Change | Addition |
| Indicated of the cor | f on this repo rporation or t | e information supplied v rt or supplemental repo he receiver or trustee er achment with an addres | t is true npowere | and accurate and that or and to execute this report | my signa t as requi | ture shall have the | same legal effe | ct as if made under c | oath; that I a | ım an officer | or director |