2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000046132

Title:

Name:

Address:

City-St-Zip:

FILED Feb 12, 2004 Secretary of State

D 0 0 111		0000 10102				ocorciary or orace	•
Entity Nan	ne: JEFF GAE	BBARD'S DRYWALL INC.					
Current Principal Place of Business:				New Principal Place of Business:			
5104 1ST A BRADENT	NEW ON, FL 34209						
Current Mailing Address:				New Mailing Address:			
5104 1ST A BRADENT	NVE W ON, FL 34209						
FEI Number: 59-3772184 FEI Number Applied For () FEI			FEI Nun	umber Not Applicable ()		Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
GABBARD, 5104 1ST A BRADENTO							
The above in the State		ubmits this statement for the p	ourpose o	f changing it	s registered	office or registered agent, or	both,
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Cam	npaign Financing	Trust Fund Contribution ().					
OFFICERS	AND DIRECT	rors:		ADDITION	S/CHANGES	TO OFFICERS AND DIRE	CTORS
Title: Name: Address: City-St-Zip:	D () GABBARD, JEFI 5104 1ST AVE V BRADENTON, F	V		Title: Name: Address: City-St-Zip:	P (X GABBARD, JE 5104 1ST AVE BRADENTON,	WEST	
Title: Name: Address: City-St-Zip:	D () CARTER, BRYA 2903 35TH AVE BRADENTON, F	WEST		Title: Name: Address: City-St-Zip:	VP (X HALL, CHARL 5104 1ST AVE BRADENTON,	WEST	
Title: Name: Address: City-St-Zip:	D () DONAHUE, JER 2903 35TH AVE BRADENTON, F	WEST		Title: Name: Address: City-St-Zip:	EVP (X DONAHUE, JE 5104 1ST AVE BRADENTON,	WEST	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LORI GABBARD TS 02/12/2004

() Delete

() Change (X) Addition

GABBARD, LORI

5104 1ST AVE WEST

BRADENTON, FL 34209