

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000050245

FILED
Apr 16, 2005
Secretary of State

Entity Name: MICKLER'S DRYWALL TEXTURES INC.

Current Principal Place of Business:

13236 GRAND TERRACE DRIVE
GRAND ISLAND, FL 32735

New Principal Place of Business:

Current Mailing Address:

13236 GRAND TERRACE DRIVE
GRAND ISLAND, FL 32735

New Mailing Address:

FEI Number: 56-2349975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICKLER, GREGORY A
13236 GRAND TERRACE DRIVE
GRAND ISLAND, FL 32735 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MICKLER, GREGORY A
Address: 13236 GRAND TERRACE DRIVE
City-St-Zip: GRAND ISLAND, FL 32735

Title: VD () Delete
Name: MICKLER, STACY A
Address: 13236 GRAND TERRACE DRIVE
City-St-Zip: GRAND ISLAND, FL 32735

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: GREG MICKLER

PD

04/16/2005

Electronic Signature of Signing Officer or Director

_____ Date