2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000056971

Entity Name: HUBER DRYWALL INC

Name:

Address:

City-St-Zip:

MARTINEZ, YVETTE

53 HUMMING BIRD AVE

FORT WALTON BEACH, FL 32548 US

FILED Apr 15, 2005 Secretary of State

	HOBER BI	(1007\LL 114\	J.			
Current Principal Place of Business:				New Principal Plac	New Principal Place of Business:	
53 HUMMING BIRD AVE. NW FORT WALTON BEACH, FL 32548 FL			FL	308 MIRACLE STRIP PARKWAY APT 29B FORT WALTON BEACH, FL 32548 FL		
Current Mailing Address:				New Mailing Addr	New Mailing Address:	
PO BOX 2: FORT WA	202 LTON BEACH, F	FL 32549	FL			
FEI Number:	73-1667598	FEI Number	Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address	Name and Address of New Registered Agent:	
	ORIDA ECONO	TAX, INC				
	PARKWAY LTON BEACH, F	FL 32547	US			
The above in the State	named entity su of Florida.	bmits this s	tatement for the pu	urpose of changing its registe	ered office or registered agent, or both,	
SIGNATUR						
Electronic Signature of Registered Agent				nt	Date	
Election Car	npaign Financing T	rust Fund Co	ontribution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () D HUBER, JOSE 53 HUMMING BIR FORT WALTON B	D AVE	547 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () D MARTINEZ, WILF 53 HUMMING BIR FORT WALTON B	REDO D AVE	548 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title [.]	S ()D	elete		Title [.]	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOSE HUBER PRES 04/15/2005