

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90419 022 ***150.00

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|---|--|--|--|---|--|
| DOCUMENT # P03000062596 1. Entity Name LIGHTENING DRYWALL INC | | | |  | |
| Principal Place of Business 7995 PRESERVE CIRCLE #1125 NAPLES, FL 34119 | | | Mailing Address 7995 PRESERVE CIRCLE #1125 NAPLES, FL 34119 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address 7985 PRESERVE CIRCLE #1125 NAPLES, FL 34119 City & State Zip Country | |  | |
| 04292004 Chg-P CR2E034 (10/03) | | 4. FEI Number 20-0031347 | | <input type="checkbox"/> Applied Fee <input type="checkbox"/> Not Applied | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent MIRELES, ANTONIO 7995 PRESERVE CIRCLE #1125 NAPLES, FL 34119 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 <u>Antonio Mireles</u> (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MIRELES, ANTONIO 7985 PRESERVE CIRCLE, #1125 NAPLES, FL 34119 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MIRELES, ANTONIO 7985 PRESERVE CIRCLE #1125 NAPLES, FL 34119 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad |
| 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"/> Ad |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 changed, or on an attachment with an address, with all other like empowered. | | | | | |

x Antonio Mireles

PRESIDENT

4/29/04