

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 09, 2004 8:00 am
Secretary of State

04-30-2004 90272 045 ***150.00

DOCUMENT # P03000077991

1. Entity Name

M & E DRYWALL, INC.



Principal Place of Business

101 WEST SILVER STAR ROAD
OCOE FL 34761
US

Mailing Address

101 WEST SILVER STAR ROAD
OCOE FL 34761
US

2. Principal Place of Business

18518 TRIPLE E. RD.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1518

Suite, Apt. #, etc.

City & State

PERDUE, FL.

Zip

34729

Country

City & State

MINNEOLA, FL.

Zip

34755

Country

4. FEI Number

20-0216645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANGLEY, RICHARD H
700 ALMOND STREET
CLERMONT FL 34711

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MOORE, COLLIS
STREET ADDRESS 101 WEST SILVER STAR ROAD
CITY-ST-ZIP OCOEE FL 34711 ☐ Delete

TITLE VPST
NAME MCINNIS, GLORIA
STREET ADDRESS P.O. BOX 1518
CITY-ST-ZIP MINNEOLA FL 34711 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPST
NAME MCINNIS, GLORIA
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE: *Moore Collis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04
Date

352-394-4751
Daytime Phone #