2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

04-01-2004 90012 046 ****70.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03192004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000093229

1. Entity Name
SOUTHWEST DRYWALL CONSTRUCTION INCORPORATED

Principal Place of Business	Mailing Address
1435 E. VENICE AVE #181 VENICE, FL 34292	1435 E. VENICE AVE #181 VENICE, FL 34292
2. Principal Place of Business: 5184 SISTER TERR Suite, Apt. #, etc.	3. Mailing Address: 5184 SISTER TERR. Suite, Apt. #, etc.
City & State: NORTH PORT, FL	City & State: NORTH PORT, FL
Zip: 34287 Country: USA.	Zip: 34287 Country: USA.

4. FEI Number: 75-1678080 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HALL, JAMES L 3301 ARECA ST. PUNTA GORDA, FL 33950	Name: JEFFREY E. FLEISH Street Address (P.O. Box Number is Not Acceptable): 5184 SISTER TERR City: NORTH PORT FL Zip Code: 34287

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] JEFFREY E FLEISH 3-21-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $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 HALL, JAMES L 3301 ARECA ST PUNTA GORDA, FL 33950	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLEISH, JEFFREY E 5184 SISTER TERR NORTH PORT, FL 34287	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] JEFFREY E. FLEISH. / 3-21-0
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #