2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000095766

1. *Entity Name*
SCOTT MITCHELL DRYWALL, INC.

Principal Place of Business	Mailing Address
3159 QUARTER ST NORTH PORT, FL 34288	3159 QUARTER ST NORTH PORT, FL 34288

DO NOT WRITE IN THIS SPACE

03242005   No Chg-P   CR2E034 (10/03)

4. FEI Number 20-0329833	Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

MITCHELL, SCOTT
3159 QUARTER ST
NORTH PORT, FL 34288

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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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	MITCHELL, SCOTT
STREET ADDRESS	3159 QUARTER ST
CITY-ST-ZIP	NORTH PORT, FL 34288

TITLE	
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04/25/05-80047-019   150.00

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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: _____   4/22/2005   941 423-7127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #