


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2005 8:00 am**  
**Secretary of State**

07-22-2005 90019 023 \*\*\*150.00

<b>DOCUMENT # P03000106706</b>	
1. Entity Name PERFORMANCE DRYWALL OF CENTRAL FL, INC.	

Principal Place of Business 10895 SE 105 ST CANDLER, FL 32111 ↓ new info	Mailing Address PO BOX 568 CANDLER, FL 32111 ↓ new
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2. Principal Place of Business 9020 CR 128C Suite, Apt. #, etc.	3. Mailing Address 9020 CR 128C Suite, Apt. #, etc.
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City & State Wildwood FL 34785 Zip 34785	Country Sumter	City & State Wildwood FL 34785 Zip 34785	Country Sumter
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6. Name and Address of Current Registered Agent  POLLARD, JENNIFER 10895 SE 105 ST CANDLER, FL 32111	
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07062005 Chg-P CR2E034 (10/03)

4. FEI Number 51-0483316	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POLLARD, SCOTT 10895 SE 105 ST CANDLER, FL 32111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV POLLARD, JENNIFER 10895 SE 105 ST CANDLER, FL 32111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Jennifer Pollard 7/20/05 352 260-1897  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #