2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 06, 2005 8:00 am Secretary of State

AITHOAL ILLI OITH						Secretary or State			
DOCUMENT # P03000111897 1. Entity Name SCHROEDER DRYWALL, INC.					í		0089 012 ***150.0		
Principal Place of Business Mailing Address					1				
3725 B BLUFF LANE ST. AUGUSTINE, FL 32086 US 3725 B BLUFF LANE ST. AUGUSTINE, FL 3208			086	us	 	CONTRUMENTAL SENTE	(H is i m (41)	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04222005	Chg-P	CR2E034 (10/03)			
City & State		City & State			20-0356025 Not Appli		oplied For ot Applicable		
Zip	Country	Zip	Count	try	ļ	of Status Desired	S8.75 Add Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
COURACE	NED-1/4/2011 : -		.]	Name					
3725 B BL	DER, JASON UFF LANE STINE, FL 32086	Street Address		(P.O. Box Number is Not Acceptable)					
			j						
				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 reinstating) DATE									
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTORS	3 IN 11	
TITLE	DIR Delete . 1		TITLE				☐ Change	Addition	
NAME	SCHROEDER, JASON	SCHROEDER, JASON							
STREET ADDRESS	3725 B BLUFF LANE			ET ADDRESS					
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086		спу-	-ST-ZIP					
TITLE	DIR Delete		TITLE				☐ Change	Addition	
NAME	SCHROEDER, FLINTON		NAME	1			Onlings		
STREET ADDRESS	3725 A BLUFF LANE			et address					
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086			ST-ZIP	•				
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STREET ADDRESS			STREE	ET ADDRESS -			•		
CITY-ST-ZIP			ÇITY-	ST-ZIP					
12. Thereby	certify that the information supplied with	this filing does not qualify for	the exer	notion stated in Se	ection 119.07(3)	i), Florida Statutes.	I further certify that the in	nformation	

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 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.

IGNATURE:

| Signature and Typed OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Dayline Phone †

SIGNATURE: