2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004
Secretary of State

DOCUMENT# P03000114285

Entity Name: TIM HAMSHAR DRYWALL, INC.

Current Principal Place of Business:

2134 EDLER DRIVE
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

2134 EDLER DRIVE
STUART, FL 34994

New Mailing Address:

FEI Number: 20-0615274 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMSHAR, TIM
2134 EDLER DRIVE
STUART, FL 34994 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HAMSHAR, TIM PRES
Address: 2134 EDLER DRIVE
City-St-Zip: STUART, FL 34994

Title: SECY ( ) Delete
Name: FISHER, MICHAEL SECY
Address: 902 FLAMINGO AVE
City-St-Zip: STUART, FL 34996

Title: SECY ( ) Delete
Name: FISHER, MICHAEL SECY
Address: 902 FLAMINGO AVE
City-St-Zip: STUART, FL 34996

Title: SECY (X) Delete
Name: FISHER, MICHAEL SECY
Address: 902 FLAMINGO AVE
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change ( ) Addition
Name: PORTER, DAVID TREAS
Address: 1558 SW 35TH CIRCLE
City-St-Zip: OKEECHOBEE, FL 34974

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: DAVID PORTER TREA 03/22/2004

Electronic Signature of Signing Officer or Director — Date