

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000116612

1. Entity Name
GALINSKI DRYWALL, INC.



Principal Place of Business
8907 COURTYARD LANE
GROVELAND, FL 34736

Mailing Address
PO BOX 121301
CLERMONT, FL 34711

FILED
04 NOV 30 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11222004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3037845

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GALINSKI, ANN
11941 GRACES WAY
CLERMONT, FL 34711

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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

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 PD
NAME GALINSKI, ANN
STREET ADDRESS 8907 COURTYARD LANE
CITY-ST-ZIP GROVELAND, FL 34736 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE OD
NAME GALINSKI, ALAN
STREET ADDRESS 8907 COURTYARD LANE
CITY-ST-ZIP GROVELAND, FL 34736 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VP
NAME - DONALD GALINSKI -
STREET ADDRESS P O BOX 121301
CITY-ST-ZIP CLERMONT FL 34711 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-23-04 352-242-9353

Date

Daytime Phone #