

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90109 037 ***158.75

DOCUMENT # P03000119351 1. Entity Name R&E DRYWALL FINISHING INC.					
Principal Place of Business PO BOX 863 ZELLWOOD, FL 32798			Mailing Address PO BOX 863 ZELLWOOD, FL 32798		
2. Principal Place of Business Suite, Apt. #, etc. PO Box 863 City & State Zellwood FL Zip 32798			3. Mailing Address Suite, Apt. #, etc. PO Box 863 City & State Zellwood, FL Zip 32798		
Country Orange			Country Orange		
4. FEI Number 57-1187952			02132004 Chg-P CR2E034 (10/03) Applied For ☒ Not Applicable		
5. Certificate of Status Desired ☒			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PORTILLO, ELVIA D 2939 JUNCTION RD ZELLWOOD, FL 32798			7. Name and Address of New Registered Agent Name NA 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 <u><i>Elvia D. Portillo</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 NAME STREET ADDRESS CITY- ST- ZIP	P PORTILLO, ELVIA D PO BOX 863 ZELLWOOD, FL 32798	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP PORTILLO, ROBERTO A PO BOX 863 ZELLWOOD, FL 32798	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CONM PORTILLO MUNOZ, SAMUEL J PO BOX 863 ZELLWOOD, FL 32798	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Roberto P. Jose/Secretary PO Box 863 Zellwood, FL 32798	☒ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>Elvia D. Portillo</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <u>4/1/04</u> Daytime Phone:					