


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 02, 2005 08:00 AM  
Secretary of State

DOCUMENT # P03000119770

1. Entity Name  
GYPSUM DRYWALL SERVICES, INC.



Principal Place of Business  
224 E WILBUR AVE  
LAKE MARY, FL 32746

Mailing Address  
224 E WILBUR AVE  
LAKE MARY, FL 32746



04282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0316736

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

Applied for  
Not Applicable

6. Name and Address of Current Registered Agent

HENDERSON, ALVIN R  
224 E WILBUR AVE  
LAKE MARY, FL 32746

**DO NOT WRITE IN THIS SPACE**

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 reconstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HENDERSON, ALVIN R P
STREET ADDRESS	224 EAST WILBUR AVE.
CITY - ST - ZIP	LAKE MARY, FL 32746
TITLE	VP
NAME	FILTEAU, RUDOLPH J VP
STREET ADDRESS	224 EAST WILBUR AVE.
CITY - ST - ZIP	LAKE MARY, FL 32746
TITLE	S/T
NAME	HAST, LOUIS S/T
STREET ADDRESS	224 EAST WILBUR AVE.
CITY - ST - ZIP	LAKE MARY, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000357778  
05/04/05-80086-022 158.75

**DO NOT WRITE IN THIS SPACE**

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: Alvin Henderson 4-28-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #