2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2005 08:00 AM Secretary of State

DOCUMENT # P03000123961 1. Entity Name SHEETROCKERS, INC.				Secretary of State			
611 KATHE	ce of Business RINE STREET EACH, FL 32119	Mailing Address 611 KATHERINE STREET DAYTONA BEACH, FL 32119		 	1945 53 44 15 45 50 186		
DO NOT WRITE IN THIS SPACE			CE		lo Chg-P	CR2E034 (1	0/03) Applied For Not Applicable 5 Additional leguired
	6. Name and Address of Current Reg	istered Agent		A STATE OF THE PARTY OF THE PAR	र वस्त्रक्रिक्ट्रेस	·)4 /44	1 2 44 1 5 8 8 2 7 7 7 7 7 7 7 7
SAVY, BENJAMIN 25 PINE CONE DRIVE STE 2A PALM COAST, FL 32164			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 Signature, typed or printed name of registered agent and tille if applicable. (NOTE Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				OO May Be ed to Fees			,
16. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNIDER, RICKEY L 611 KATHERINE STREET DAYTONA BEACH, FL 32119	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TURNER, HOSIE 1202 RIDGEWOOD AVE APT 126 HOLLY HILL, FL 32117		and the second second	LA.	10000	1039-019 1039-019	150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		***************************************					en e
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filling 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 SPECIOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-05

386-322-2570

Daytime Phone #