

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000124340

1. Entity Name
QUALITY DRYWALL OF N.W. FLORIDA, INC.



Principal Place of Business
133 NICOLE LANE
CRESTVIEW, FL 32539

Mailing Address
133 NICOLE LANE
CRESTVIEW, FL 32539

2. Principal Place of Business
5400 Blackfoot Trail
Suite, Apt. #, etc.

3. Mailing Address
5400 Blackfoot Trail
Suite, Apt. #, etc.

12022004 Chg-P CR2E034 (10/03)

City & State
Crestview, FL

City & State
Crestview, FL

4. FEI Number
05-0591653
Applied For
Not Applicable

Zip 32536 Country

Zip 32536 Country

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

6. Name and Address of Current Registered Agent

ROY, DAVID
133 NICOLE LANE
CRESTVIEW, FL 32539

Name

Street Address (P.O. Box Number Is Not Acceptable)

5400 Blackfoot Trail

City

Crestview

FL Zip Code 32536

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

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 PRES
NAME ROY, DAVID
STREET ADDRESS 133 NICOLE LANE
CITY-ST-ZIP CRESTVIEW, FL 32536

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5400 Blackfoot Trail
Crestview, FL 32536

Change Addition

TITLE VP
NAME AYSCUE, JASON
STREET ADDRESS 133 NICOLE LANE
CITY-ST-ZIP CRESTVIEW, FL 32536

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5400 Blackfoot Trail
Crestview, FL 32536

Change Addition

TITLE SEC
NAME ROY, CATHY
STREET ADDRESS 133 NICOLE LANE
CITY-ST-ZIP CRESTVIEW, FL 32536

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5400 Blackfoot Trail
Crestview, FL 32536

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700043796277
01/03/05--01020--009 **61.25

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700043796277
01/20/05--01039--012 **88.75

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: David S. Roy, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec. 31, 2004

(850)682-0781
Daytime Phone #