

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P03000125536

1. Entity Name  
CARROLL WILSON DRYWALL SERVICES, INC.



Principal Place of Business  
923 BRIGHTVIEW DR  
LAKE MARY, FL 32746

Mailing Address  
923 BRIGHTVIEW DR  
LAKE MARY, FL 32746

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



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number  
20-0374356

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

WILSON, CARROL  
923 BRIGHTVIEW DR  
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

*Carroll Wilson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

4/5/05

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	PVST
NAME	WILSON, CARROLL
STREET ADDRESS	923 BRIGHTVIEW DR
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	D
NAME	WILSON, CARROLL
STREET ADDRESS	923 BRIGHTVIEW DR
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1107071241284  
04/08/05-80062-025 150.00

**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:

*Carroll Wilson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/05 407-927-1237

Date

Daytime Phone #