



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 20, 2005 8:00 am**  
**Secretary of State**

06-20-2005 90001 001 \*\*\*158.75

<b>DOCUMENT # P03000125877</b> 1. Entity Name <b>PALOMO DRYWALL INC</b>						
Principal Place of Business <b>11211 EAST BAY ROAD LOT # 73 GIBSONTON FL 33534</b>			Mailing Address <b>11211 EAST BAY ROAD LOT # 73 GIBSONTON FL 33534</b>			
2. Principal Place of Business <b>11211 EAST BAY RD.</b> Suite, Apt. #, etc. <b>LOT # 82</b> City & State <b>GIBSONTON FLORIDA</b> Zip <b>33534</b>		3. Mailing Address <b>11211 EAST BAY RD.</b> Suite, Apt. #, etc. <b>LOT # 82</b> City & State <b>GIBSONTON FLORIDA</b> Zip <b>33534</b>		 1st MOORE CR2E034 (10/04)		
4. FEI Number <b>20-0360147</b>		Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>GARCIA, HORACIO M 11211 EAST BAY ROAD LOT # 73 GIBSONTON FL 33534</b>			7. Name and Address of New Registered Agent Name <b>HORACIO MENDOZA GARCIA</b> Street Address (P.O. Box Number is Not Acceptable) <b>11211 EAST BAY RD LOT 82</b> City <b>GIBSONTON</b> FL Zip Code <b>33534</b>			
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>HORACIO MENDOZA</i></u> <small>Signature, typed or printed name of registered agent and is applicable (NOTE: Registered Agent signature required when re-registering)</small> DATE _____						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 GARCIA, HORACIO M 11211 EAST BAY ROAD LOT# 73 GIBSONTON FL 33534	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA HORACIO M 11211 EAST BAY RD LOT 82 GIBSONTON FLORIDA 33534	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AYALA, GUILLERMO 11211 EAST BAY ROAD, LOT #73 GIBSONTON FL 33534	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUILLERMO AYALA 11211 EAST BAY RD LOT 82 GIBSONTON FLORIDA 33534	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERNANDEZ, ROGELIO G 11211 EAST BAY ROAD, LOT #73 GIBSONTON FL 33534	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>HORACIO MENDOZA</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-25-05 813 323 7243 <small>Date Daytime Phone #</small>			