

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91045 048 ***150.00

DOCUMENT # P03000127219

1. Entity Name
DAIGLE & SONS DRYWALL, INC.



Principal Place of Business: **80 HANS COURT HAVANA, FL 32333**
 Mailing Address: **80 HANS COURT HAVANA, FL 32333**



01302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business: State, Apt. # etc. City & State Zip Country

3. Mailing Address: State, Apt. # etc. City & State Zip Country

4. FEI Number: **20-0403362** Approved Fee: Not Applicable

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

6. Name and Address of Current Registered Agent
DAIGLE, JENNIE
80 HANS COURT
HAVANA, FL 32333

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

8. The above named entity submits this state report for the purpose of changing its registered office or registered agent or both in the State of Florida. I am hereby withdrawing the obligations of registered agent.

SIGNATURE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	DAIGLE, FRED	80 HANS COURT	HAVANA, FL 32333
V	DAIGLE, QUINCY	80 HANS COURT	HAVANA, FL 32333
V	DAIGLE, ROBBIE	80 HANS COURT	HAVANA, FL 32333
ST	DAIGLE, JENNIE	80 HANS COURT	HAVANA, FL 32333

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If)

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this report or its 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 appointed to assemble this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or 10.5 of this document, or on a statement with an address of all other fees provided.

SIGNATURE: *[Signature]*
 SIGNATURE OF OFFICER OR DIRECTOR