

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90290 031 ***150.00

DOCUMENT # P03000129241					
1. Entity Name EDGAR RAMOS DRYWALL, INC.					
Principal Place of Business RT. 2, BOX 51251 LAKE CITY, FL 32024 <i>moonlight dr</i>			Mailing Address RT. 2, BOX 51251 LAKE CITY, FL 32024 <i>same place</i>		
<i>I Have a new 911 address</i>					
2. Principal Place of Business			3. Mailing Address 316 <i>moonlight dr</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State Lake city FL		
Zip		Country		Zip 32024	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RAMOS, EDGAR RT. 2, BOX 51251 LAKE CITY, FL 32024 <i>New 911 address is 316 SE moonlight dr Lake city FL 32024</i>				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Edgar Ramos</i> (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	D RAMOS, EDGAR RT. 2, BOX 51251 LAKE CITY, FL 32024 <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	Ramos Edgar 316 SE moonlight dr Lake city FL 32024 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Edgar Ramos</i>			3-26-04 386 303 1548		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		