

2004 FOR PROFIT CORPORATION ANNUAL REPORT

6/21/04

FILED
Jul 01, 2004 8:00 am
Secretary of State

06-21-2004 90004 026 ***155.00

DOCUMENT # P03000129264 1. Entity Name RYAN ARTMAN DRYWALL OF MARION COUNTY INC.			
Principal Place of Business 60 HEMLOCK RADIAL OCALA, FL, 34472 US		Mailing Address 60 HEMLOCK RADIAL OCALA, FL, 34472 US	
2. Principal Place of Business 60 Hemlock Rad Suite, Apt. #, etc.		3. Mailing Address 60 Hemlock Rad Suite, Apt. #, etc.	
City & State Ocala, FL Zip 34472		City & State Ocala FL Zip 34472	
Country US		Country US	
4. FEI Number HS-0527083		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARTMAN, RYAN M 60 HEMLOCK RADIAL OCALA, FL 34472		7. Name and Address of New Registered Agent Name Ryan Artman Street Address (P.O. Box Number is Not Acceptable) 60 Hemlock Rad City Ocala	
State FL		Zip Code 34472	
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 June 8, 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRES NAME ARTMAN, RYAN M STREET ADDRESS 60 HEMLOCK RADIAL CITY-ST-ZIP OCALA, FL 34472	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME ARTMAN, RAY M STREET ADDRESS 13510 SE 119TH PL RD CITY-ST-ZIP OCKLAWAHA, FL 32183	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME LAMBERT, THOMAS STREET ADDRESS 13510 SE 119TH PL RD CITY-ST-ZIP OCKLAWAHA, FL 32183	<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
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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:		6/8/04 (352) 266-6598 <small>Date Daytime Phone</small>	

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Albachman PO3000129264

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RYAN ARTMAN DRYWALL OF MARION COUNTY, Inc.
60 HEMLOCK RADIAL
OCALA, FLORIDA 34472

Florida Department of State
Division of Corporations

June 8, 2004

I did not receive notification by mail that an annual report was due; therefore I am now filing my annual report, which is enclosed with my check of \$150.00 for the annual report. Due to lack of notification please waive any penalties that may apply.

Yours truly,

Ryan Artman
President.