

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90166 035 \*\*\*150.00

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03252005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03000131073</b> 1. Entity Name <b>DAKOTA DRYWALL INC</b>			
Principal Place of Business 18721 STATE ROAD 52 LAND O LAKES, FL 34639		Mailing Address 18721 STATE ROAD 52 LAND O LAKES, FL 34639	
2. Principal Place of Business <i>11037 Pinto Dr</i> Suite, Apt. #, etc.		3. Mailing Address <i>11037 Pinto Dr</i> Suite, Apt. #, etc.	
City & State <i>Hudson Fla</i>		City & State <i>Hudson Fla</i>	
Zip <i>34669</i>		Zip <i>34669</i>	
Country <i>USA</i>		Country <i>USA</i>	
6. Name and Address of Current Registered Agent  <b>FREKEY, EDWARD H</b> <b>6195 FREEPORT DRIVE</b> <b>SPRING HILL, FL 34608</b>		7. Name and Address of New Registered Agent Name <i>RICK J. WOZNY</i> Street Address (P.O. Box Number is Not Acceptable) <i>11037 Pinto Dr</i> City <i>Hudson</i> State <i>FL</i> Zip Code <i>34669</i>	
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>Rick J. Wozny</i> DATE <i>4-21-05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOZNY, RICKY 18721 STATE ROAD 52 LAND O LAKES, FL 34639	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>RICK WOZNY</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>11037 Pinto Dr</i> <i>Hudson Fla 34669</i>
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
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: <i>Rick Wozny</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>4-21-05</i> Daytime Phone # <i>813-391-6419</i>	