2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000131321

1. Entity Name
CASEY & CASEY DRYWALL, INC.

Principal Place of Business
3517 EVE DR. EAST
JACKSONVILLE, FL 32246

Mailing Address
3517 EVE DR. EAST
JACKSONVILLE, FL 32246

DO NOT WRITE IN THIS SPACE

07202005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2987114	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CASEY, ELAINE T
3517 EVE DR. EAST
JACKSONVILLE, FL 32246

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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 _____   7-18-05
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	CASEY, THOMAS E
STREET ADDRESS	3517 EVE DR. EAST
CITY-ST-ZIP	JACKSONVILLE, FL 32246

TITLE	VD
NAME	CASEY, ELAINE T
STREET ADDRESS	3517 EVE DR. EAST
CITY-ST-ZIP	JACKSONVILLE, FL 32246

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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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: _____   7-17-05   904-642-4991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #