

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2004 8:00 am
Secretary of State

04-22-2004 90059 017 ***150.00

DOCUMENT # P03000132593 1. Entity Name TOMMY'S DRYWALL INC.					
Principal Place of Business 2841 OAK CREEK LANE JACKSONVILLE FL 32221			Mailing Address 2841 OAK CREEK LANE JACKSONVILLE FL 32221		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 470935968	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LOPEZ, TOMMY SR. 2841 OAK CREEK LANE JACKSONVILLE FL 32221					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>					
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			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			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.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP P LOPEZ, TOMMY SR. 2841 OAK CREEK LANE JACKSONVILLE FL 32221			TITLE NAME STREET ADDRESS CITY-ST-ZIP S FLOYD L. LOPEZ 2841 OAK CREEK LANE JACKSONVILLE FL 32221		
TITLE NAME STREET ADDRESS CITY-ST-ZIP V LOPEZ, TOMMY JR. 5910 NORDE DRIVE W. JACKSONVILLE FL 32244			TITLE NAME STREET ADDRESS CITY-ST-ZIP 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP S LOPEZ, RAYMOND R 2841 OAK CREEK LANE JACKSONVILLE FL 32221			TITLE NAME STREET ADDRESS CITY-ST-ZIP 		
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SIGNATURE: <u>Tommy F Lopez</u> 4/20/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					