

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

**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**



02102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**47-0935968**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LOPEZ, TOMMY SR.  
2841 OAK CREEK LANE  
JACKSONVILLE, FL 32221**

**DO NOT WRITE  
IN THIS SPACE**

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

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  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	LOPEZ, TOMMY SR.
STREET ADDRESS	2841 OAK CREEK LANE
CITY - ST - ZIP	JACKSONVILLE, FL 32221
TITLE	V
NAME	LOPEZ, TOMMY JR.
STREET ADDRESS	5910 NORDE DRIVE W.
CITY - ST - ZIP	JACKSONVILLE, FL 32244
TITLE	S
NAME	LOPEZ, FLOYD L
STREET ADDRESS	2841 OAK CREEK LANE
CITY - ST - ZIP	JACKSONVILLE, FL 32221
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/07/05-80030-022 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Tommy E. Lopez* **Tommy E. Lopez** 3-5-05 904-781-8026  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #