

2004 FOR PROFIT CORPORATION ANNUAL REPORT

7/12

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-12-2004 90021 010 ***150.00

DOCUMENT # P03000134178

1. Entity Name
W&M QUALITY DRYWALL SVCS. INC.



Principal Place of Business
**12303 HOLLY JANE CT
ORLANDO, FL 32824**

Mailing Address
**12303 HOLLY JANE CT
ORLANDO, FL 32824**

66430495



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

84-1634859

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired.

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MULLER, WILLIAM E
814 HIGHLAND AVE
ORLANDO, FL 32803**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 **W.E. MULLER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/6/04

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D MULLER, WILHELM A
12303 HOLLY JANE CT
ORLANDO, FL 32824**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D MULLER, WILLIAM E
814 HIGHLAND AVE
ORLANDO, FL 32803**

☐ Delete

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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: **W.A. Muller** **W.A. MULLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/04

Date

Daytime Phone #

66430495

Attachment

P03000134178

July 6, 2004

From:
Wilhelm A. Muller
W&M Quality Drywall Svcs. Inc.
12303 Holly Jane Ct
Orlando FL 32824

To:
FLORIDA-DEPARTMENT OF STATE
P.O. Box 6327
Tallahassee, FL 32314

RE:
Annual Report

Dear Sir:

Please be advised that I DID NOT Receive the form to be filled out and sent back.
I had to obtain this form from my accountant after receiving in the mail a notice
of intent to dissolve. I'm enclosing a check for \$150.00

Thank You