

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000134386

1. Entity Name
GARY EZELL DRYWALL, INC.



Principal Place of Business
504 DIXIE HIGHWAY
AUBURNDALE, FL 33823

Mailing Address
504 DIXIE HIGHWAY
AUBURNDALE, FL 33823

FILED
May 02, 2005 08:00 AM
Secretary of State



04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1054547

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EZELL, GARY
504 DIXIE HIGHWAY
AUBURNDALE, FL 33823

**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 PD
NAME EZELL, GARY L
STREET ADDRESS 504 DIXIE HIGHWAY
CITY-ST-ZIP AUBURNDALE, FL 33823

TITLE V
NAME EZELL, TAMMY L
STREET ADDRESS 504 DIXIE HIGHWAY
CITY-ST-ZIP AUBURNDALE, FL 33823

TITLE T
NAME EZELL, DEREK L
STREET ADDRESS 504 DIXIE HIGHWAY
CITY-ST-ZIP AUBURNDALE, FL 33823

TITLE S
NAME EZELL, DONALD L
STREET ADDRESS 100 CLAYTON ROAD
CITY-ST-ZIP AUBURNDALE, FL 33823

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000357206
05/04/05-80064-020 150.00

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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)(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: * *Gary J. Ezell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-05 *863-944-284*
Date Daytime Phone #