

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90030 016 \*\*\*150.00

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<b>DOCUMENT # P03000135212</b> 1. Entity Name <b>JCC DRYWALL, INC.</b>					
Principal Place of Business <b>13743-D-D SUSAN KAY DR. TAMPA, FL 33613</b>			Mailing Address <b>13743-D-D SUSAN KAY DR. TAMPA, FL 33613</b>		
2. Principal Place of Business <b>13743 SUSAN KAY DR.</b>		3. Mailing Address <b>13743 SUSAN KAY DR.</b>		02092005    Chg-P    CR2E034 (10/03)	
Suite, Apt. #, etc. <b>D</b>		Suite, Apt. #, etc. <b>D</b>			
City & State <b>TAMPA FL</b>		City & State <b>TAMPA FL</b>			
Zip <b>33613</b>		Zip <b>33613</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>20-0398386</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>AVELAR, CELVIN I 13743-D-D SUSAN KAY DR. TAMPA, FL 33613</b>				7. Name and Address of New Registered Agent Name <b>AVELAR, CELVIN I</b> Street Address (P.O. Box Number is Not Acceptable) <b>13743 SUSAN KAY DRIVE</b> <b>APT. D</b> City <b>TAMPA</b> FL    Zip <b>33613</b>	
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 <u>Celvin Avelar</u> DATE <u>2/9/05</u> <small>Signature, typed or printed name of registered agent and title if applicable    (None: Registered Agent signature required when reinstating)    DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>AVELAR, CELVIN I</b> <b>13743-D-D SUSAN KAY DR.</b> <b>TAMPA, FL 33613</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>AVELAR, DAVID A</b> <b>13743-D-D SUSAN KAY DR.</b> <b>TAMPA, FL 33613</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>MALDONADO, XIOMARA G</b> <b>13743-D-D SUSAN KAY DR.</b> <b>TAMPA, FL 33613</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC <b>AVELAR LOPEZ FRANCISCO A.</b> <b>13743 SUSAN KAY DRIVE, APT. D</b> <b>TAMPA, FL 33613</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>AVELAR GUZMAN FREDY E.</b> <b>13743 SUSAN KAY DRIVE, APT. D</b> <b>TAMPA, FL 33613</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Celvin Avelar</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/9/05</u> Daytime Phone # <u>(850) 528-1167</u>		