


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 08:00 AM
Secretary of State

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|--|---|---------------------------------|--|--|--|-------|---|---------------------------------|------|---------------------|--|----------------|-------------------|--|-----------------|------------------------|--|-------|---|--|------|--|--|----------------|--|--|-----------------|--|--|
| DOCUMENT # P03000135441 1. Entity Name GREG SHIPLEY DRYWALL COMPANY | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 3190 SW ESPERANTO ST PORT ST LUCIE FL 34953 | | | | Mailing Address 3190 SW ESPERANTO ST PORT ST LUCIE FL 34953 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | | 3. Mailing Address Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State | | | | City & State | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip | | Country | | 4. FEI Number 20-0332285 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent KLINGELSMITH, DAVID E SR 5701 SE LAMAY DR STUART FL 34997 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SHIPLEY, GREGORY SR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3190 ESPERANTO ST</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PORT ST LUCIE FL 34953</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div> | | | | | | TITLE | P | <input type="checkbox"/> Delete | NAME | SHIPLEY, GREGORY SR | | STREET ADDRESS | 3190 ESPERANTO ST | | CITY - ST - ZIP | PORT ST LUCIE FL 34953 | | TITLE | <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> | | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | SHIPLEY, GREGORY SR | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 3190 ESPERANTO ST | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | PORT ST LUCIE FL 34953 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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: *Gregory B Shipley Sr* **Gregory B Shipley Sr** 3-23-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 772-3360855