2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jun 07, 2004 8:00 am Secretary of State DOCUMENT # P03000136342 1. Entity Name 06-07-2004 90005 047 ***150 00 JOSEPH BALCOM DRYWALL, INC. Principal Place of Business Mailing Address 5314 COLEWOOD PL SARASOTA FL 34232 5314 COLEWOOD PL. SARASOTA FL 34232 2. Principal Place of Business 3. Mailing Address 3569 Wessen ST 4411 Bee Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) # 369 City & State City & State 4. FFi Number Applied For SARASOTA 34233 20-0407811 SANASOTA Not Applicable Country U.S A Zip Country \$8.75 Additional 5. Certificate of Status Desired U.S.A. 34233 Fee Required 34239 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BALCON JOSEPH BALCOM, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 5314 COLEWOOD PL. SARASOTA FL 34232 3569 Webben ST SANASOTA 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. JOSEPH BALLOM FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRESIDENS ☐ Delete TITLE Change . ■ Addition BALLON, JOSEPH BALCOM, JOSEPH NAME NAME 5314 COLEWOOD PL 3569 WEBBER ST. STREET ADDRESS STREET ADDRESS SARASOTA FL 34239 CITY-ST-7IP SARASOTA FL 34232 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ---- Change Delete TITLE TITLE - Addition NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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:**

FILED

Daytime Phone #

