

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P03000137061

1. Entity Name  
JCA DRYWALL INC



FILED  
Mar 14, 2005 8:00 am  
Secretary of State

03-14-2005 90112 022 \*\*\*158.75

JUUG0163

Principal Place of Business  
2400 ABBY DR., APT 202  
KISSIMMEE, FL 34741

Mailing Address

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
---Zip--- Country

City & State  
Zip Country

4. FEI Number  
20-0435434

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUSINESS FILINGS INCORPORATED  
660 EAST JEFFERSON STREET  
TALLAHASSEE, FL 32301

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  Delete  
NAME HERNANDEZ, JORGE  
STREET ADDRESS 3831 BOWLINE CIRCLE APT103  
CITY-ST-ZIP KISSIMMEE, FL 32833

Change  Addition  
TITLE D  
NAME Hernandez, Jorge  
STREET ADDRESS 2400 Abby Dr. Apt. 202  
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE AD  Delete  
NAME HERNANDEZ, GEOVANIA  
STREET ADDRESS 3831 BOWLINE CIRCLE APT 103  
CITY-ST-ZIP KISSIMMEE, FL 32833

Change  Addition  
TITLE AD  
NAME Portillo, Ayala, Alba  
STREET ADDRESS 2400 ABOY DR APT 202  
CITY-ST-ZIP Kissimmee, FL 34741

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
TITLE  
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-05

Date

Daytime Phone #