


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 13, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000138484		
1. Entity Name COASTAL DRYWALL CORPORATION		
Principal Place of Business 5038 BENT TREE ROAD MILTON, FL 32583		Mailing Address 5906 MONTGOMERY AVE. PENSACOLA, FL 32526
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent POYNER, REBECCA L 5906 MONTGOMERY AVE. PENSACOLA, FL 32526		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 <u><i>Rebecca L. Poyner</i></u> 3-25-2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	SUNDAY, DONALD S	
STREET ADDRESS	5038 BENT TREE ROAD	
CITY-ST-ZIP	MILTON, FL 32583	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(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: <u><i>[Signature]</i></u>		4-11-05 850 261 5908 <small>Date Daytime Phone #</small>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



03252005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0415964

Applied For
Not Applicable

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

U00000301337
04/13/05-80028-006 150.00

**DO NOT WRITE
IN THIS SPACE**