## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

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## Aug 29, 2005 8:00 am Secretary of State **DOCUMENT # P03000139319** 08-29-2005 90144 041 \*\*\*150.00 1. Entity Name HGT DRYWALL, INC. Principal Place of Business Matting Address 50063759 1507 TILSEN DR 1507 TILSEN DR TAMPA, FL 33612-6054 TAMPA, FL 33612-6054 2. Principal Place of Business Ma≚ng Address 14714 oth St. 14714 1 Suite, Apt. #, etc. 08012005 CR2E034 (10/03) Cho-P App5ed For City & State City & State 4 FEI Number 20-0420875 Not App5cable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HERNANDEZ, GENARO 1507 TILSEN DR TAMPA, FL 33612-6054 City ムアモ 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. emandez (NOTE: Regulated Agent signature required when restating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 7, 2005 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Dedete TITLE ☐ Change ☐ Addition HERNANDEZ, GENARO NAME NAME STREET ADDRESS 1507 TILSEN DR STREET ADDRESS CITY-ST-ZIP CHY-ST-7P TAMPA, FL 336126054 Detete TITLE TITLE ☐ Change ☐ Addf:5on NAME MENDOZA, JESUS HAME STREET ADDRESS 1507 TILSEN DR STREET ADDRESS CITY-ST-ZIP TAMPA, FL 336126054 CITY-ST-ZIP Octate TOTE TITLE ☐ Change Addition MENDOZA, JOSE CARLOS NAME MASE STREET ADDRESS 1507 TILSEN DR STREET ADDRESS CITY-ST-7IP TAMPA, FL 336126054 CITY-ST-ZIP TITLE ☐ Detete MILE Change ☐ Add£tion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TELLE ☐ Detete 1171 F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Detete MILE ☐ Change ☐ Addition HASSE MANAG STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP 12. Thereby certify that the information suppSed with this fiting 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 opporation 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.

SIGNING OFFICER OR ORIECTOR

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FILED