

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000139393

FILED
Sep 05, 2005
Secretary of State

Entity Name: MICHAEL MOSLEY DRYWALL, INC.

Current Principal Place of Business:

12135 SCOTT DRIVE
DADE CITY, FL 33525 US

New Principal Place of Business:

Current Mailing Address:

12135 SCOTT DRIVE
DADE CITY, FL 33525 US

New Mailing Address:

FEI Number: 20-0426418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

USACCOUNTING OFFICE, INC.
417 W. JEFFERSON STREET
BROOKSVILLE, FL 34601 US

Name and Address of New Registered Agent:

MOSLEY, JO E DIR
12135 SCOTT DRIVE
DADE CITY, FL 33525 US

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.

SIGNATURE: JO E. MOSLEY

09/05/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOSLEY, COHEN M
Address: 12135 SCOTT DRIVE
City-St-Zip: DADE CITY, FL 33525 US

Title: VP () Delete
Name: MOSLEY, CHARLES C
Address: 12135 SCOTT DRIVE
City-St-Zip: DADE CITY, FL 33525 US

Title: S,T () Delete
Name: MOSLEY, JO E
Address: 12135 SCOTT DRIVE
City-St-Zip: DADE CITY, FL 33525 US

Title: DIR () Delete
Name: MOSLEY, COHEN M
Address: 12135 SCOTT DRIVE
City-St-Zip: DADE CITY, FL 33525 US

Title: DIR () Delete
Name: MOSLEY, CHARLES C
Address: 12135 SCOTT DRIVE
City-St-Zip: DADE CITY, FL 33525 US

Title: DIR () Delete
Name: MOSLEY, JO E
Address: 12135 SCOTT DRIVE
City-St-Zip: DADE CITY, FL 33525 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JO E. MOSLEY

DIR

09/05/2005

Electronic Signature of Signing Officer or Director

Date