2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)				FILED
DOCUMENT # P03000141039 1. Entity Name				Jan 29, 2005 08:00 AM Secretary of State
BELL'S D	RYWALL, INC.			
Principal Place of Business		Mailing Address	<del>-</del> : :;;	
178 PLANKTON AVE MIDDLEBURG FL 32068 US		178 PLANKTON AVE MIDDLEBURG FL 32068 US	3 .	A CHANGED AS CASES INTO ENTER THE STATE THE STATE OF THE STATE AND
2. Principal Place of Business		3. Mailing Address		
Suite, Apt #, etc.		Suite, Apt #, etc.		1st MOORE CR2E034 (10/04)
City & State		City & State		4. FEI Number 74-3111026 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
	OMER, GEORGE M III 9 COUNTY ROAD 218 WE	ST		s (P.O. Box Number is Not Acceptable)
	DLEBURG FL 32068	- '		
			City	FL Zip Code
	named entity submits this statement it ions of registered agent.	for the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agor	t and life & analysis (NOTE	Registered Agent signature requi	red when reirollating) DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.0  Ray 1	0		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PD	☐ Delete	THE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	BELL, MARVIN 178 PLANKTON AVE MIDDLEBURG FL 32068		NAME STREET ADDRESS CITY-ST-ZIP	000000203069 01/29/05-80016-001 150.00
HTLE NAME	VTSD BELL, CONNIE	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY ST-ZIP	178 PLANKTON AVE MIDDLEBURG FL 32068		STREET ADDRESS CITY-ST-ZIP	;
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS CHY: ST-ZIP	
THE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADORESS C11Y-S1-7/P	
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
HITE		☐ Delete	TITLE	i Change Additor
MAME			NAME Sureet Address	ng <del>com</del> a
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
12. I hereby	certify that the information supplied wi	th this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes 1 further certify that the information

indicated on this report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes in 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: 97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1-25-05 (904)282-6732