2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000141818

FILED Jan 14, 2004 Secretary of State

Entity Nai	me: JAMESP	ETERS DRYWALL INC.				
Current Principal Place of Business:			New Principal Place of Business:			
2075 KIME OVIEDO, F	BERWICKE CIF FL 32765	₹				
Current Mailing Address:			New Mailing Address:			
2075 KIME OVIEDO, F	BERWICKE CIF FL 32765	₹				
FEI Number	: 20-0411192	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desi	red ()
Name and	Address of C	urrent Registered Agent:	Name and	l Address of	New Registered Agent:	
OVIEDO, F	BERWICKE CIF FL 32765 U	S				
The above in the State	named entity : e of Florida.	submits this statement for the	purpose of changing i	its registered	office or registered agent	t, or both,
SIGNATU	RE:					
	Electror	ic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title: Name:	HERTKO, PAUL 408 STILL FOR SANFORD, FL D () HERTKO, MAR	EEST 32771 Delete K	Title: Name: Address: City-St-Zip: Title: Name:	PETERS, JAM 2075 KIMBER OVIEDO, FL D () HERTKO, PAU	:WICKE CIRCLE 32765 X) Change()Addition JL	
Address: City-St-Zip:	13035 SPRING LOCKPORT, IL		Address: City-St-Zip:	408 S5TILL F SANFORD, FL	OREST TERRACE - 32771	
Title: Name: Address: City-St-Zip:	D () HERTKO, OMA 10019 JAURAN CLERMONT, FI	DA	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	D (X MOSS, CINDY 109 WABANSE MINOOKA, IL (Title: Name: Address: City-St-Zip:	() Change ()Addition	

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: JAMES PETERS PD 01/14/2004