

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000142892

Entity Name: FULCE DRYWALL, INC.

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

277 TANNER STREET  
NEW SMYRNA BEACH, FL 32168

## New Principal Place of Business:

## Current Mailing Address:

277 TANNER STREET  
NEW SMYRNA BEACH, FL 32168

## New Mailing Address:

FEI Number: 83-0378359

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FULCE, ROBERT L  
277 TANNER STREET  
NEW SMYRNA BEACH, FL 32168 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FULCE, ROBERT L  
Address: 277 TANNER STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP ( ) Change (X) Addition  
Name: GLASSCOCK, BRIAN M  
Address: 277 TANNER ST  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: TR ( ) Change (X) Addition  
Name: SCIARRILLO, JOSEPH  
Address: 324 ROUTH AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: ROBERT L. FULCE

P

04/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date