

2004 FOR PROFIT CORPORATION ANNUAL REPORT

8/16

FILED
Sep 02, 2004 8:00 am
Secretary of State

08-16-2004 90017 046 ***150.00

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07292004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000143137 1. Entity Name RAMON RODRIGUEZ DRYWALL, INC.					
Principal Place of Business 1703 DESTINY BLVD. #107 KISSIMMEE, FL 34741			Mailing Address 1703 DESTINY BLVD. #107 KISSIMMEE, FL 34741		
2. Principal Place of Business 23 Rolling Sands Dr Suite, Apt. #, etc.		3. Mailing Address 23 Rolling Sands Dr Suite, Apt. #, etc.			
City & State PALM COAST, FLA Zip 32164		City & State PALM COAST, FLA Zip 32164		4. FEI Number 42-1611618	
Country Flagler		Country Flagler		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, RAMON MR. 1703 DESTINY BLVD. #107 KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. SIGNATURE: <u>Ramon Rodriguez</u> President DATE: <u>7/30/04</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DO NAME RODRIGUEZ, RAMON MR. STREET ADDRESS 1703 DESTINY BLVD. #107 CITY-ST-ZIP KISSIMMEE, FL 34741	<input type="checkbox"/> Delete		TITLE DO NAME Rodriguez, Ramon MR. STREET ADDRESS 23 Rolling Sands Dr CITY-ST-ZIP Palm Coast FLA 32164	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 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: <u>Ramon Rodriguez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>7/30/04 (407) 625-2709</u> <small>Daytime Phone #</small>		