

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90069 049 \*\*\*150.00

**24002452**



01072004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03000144570</b> 1. Entity Name <b>BODIFORD DRYWALL, INC.</b>																																																																													
Principal Place of Business <b>4015 SADDLEWAY</b> <b>LAKE WALES, FL 33898 US</b>			Mailing Address <b>P.O. BOX 1133</b> <b>AUBURNDALE, FL 33823</b>																																																																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																										
City & State			City & State																																																																										
Zip		Country		4. FEI Number <b>20-0449487</b>																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																									
6. Name and Address of Current Registered Agent  <b>BODIFORD, THOMAS</b> <b>4015 SADDLEWAY</b> <b>LAKE WALES, FL, FL 33898</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																																																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">P.T</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;"> </td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>BODIFORD, THOMAS</td> <td></td> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 1133</td> <td></td> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>AUBURNDALE, FL 33823</td> <td></td> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> <tr> <td> </td> <td> </td> <td></td> <td> </td> <td> </td> <td></td> </tr> <tr> <td> </td> <td> </td> <td></td> <td> </td> <td> </td> <td></td> </tr> <tr> <td> </td> <td> </td> <td></td> <td> </td> <td> </td> <td></td> </tr> <tr> <td> </td> <td> </td> <td></td> <td> </td> <td> </td> <td></td> </tr> <tr> <td> </td> <td> </td> <td></td> <td> </td> <td> </td> <td></td> </tr> <tr> <td> </td> <td> </td> <td></td> <td> </td> <td> </td> <td></td> </tr> <tr> <td> </td> <td> </td> <td></td> <td> </td> <td> </td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	P.T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	BODIFORD, THOMAS		NAME			STREET ADDRESS	P.O. BOX 1133		STREET ADDRESS			CITY-ST-ZIP	AUBURNDALE, FL 33823		CITY-ST-ZIP																																												
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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 recorder 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.																																																																													
<b>SIGNATURE:</b> <i>Thomas Bodiford</i> <b>Thomas Bodiford</b> 1/12/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																													