## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 13, 2005 08:00 AM Secretary of State DOCUMENT # P03000144570 1. Entity Name BODIFORD DRYWALL, INC. Principal Place of Business, Mailing Address 4015 SADDLEWAY P. O. BOX 1133 LAKE WALES, FL 33898 AUBURNDALE, FL 33823 01242005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0449487 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BODIFORD, THOMAS DO NOT WRITE 4015 SADDLEWAY LAKE WALES, FL 33898 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) <u> 1755000000</u> 9. Election Campaign Financing \$5.00 May Be 04/13/05-80109-024 150.00 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE BODIFORD, THOMAS NAME P. O. BOX 1133 STREET ADDRESS CITY-ST-ZIP AUBURNDALE, FL 33823 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 profits true and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or director of the corporation or the receiver or trustless mpowered 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 adverse, with all other like employered.

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