2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90572 014 ***150.00

DOCUMENT # P03000145589

1. Entity Name
PAUL CHOINSKI DRYWALL, INC.

24055587

Principal Place of Business
3770 TOLEDO RD, # 46
JACKSONVILLE, FL 32217

Mailing Address
3770 TOLEDO RD, # 46
JACKSONVILLE, FL 32217

04212004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		7241 OLD KINGS RD S	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Apt. # 23	
City & State		City & State JACKSONVILLE, FL	
Zip	Country	Zip 32217	Country DUVAL

4. FEI Number 80-0096324 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHOINSKI, PAUL
3770 TOLEDO RD, # 46
JACKSONVILLE, FL 32217

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHOINSKI, PAUL 3770 TOLEDO RD, # 46 JACKSONVILLE, FL 32217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 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: [signature] 4-22-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PAUL CHOINSKI, DIRECTOR 904-737-0587