

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90672 003 ***158.75

DOCUMENT # P03000146409

1. Entity Name
J.F.P. DRYWALL FINISHING INC



Principal Place of Business

**1630 KENDRICK DRIVE
APT L
KISSIMMEE, FL 34741 US**

Mailing Address

**1630 KENDRICK DRIVE
APT L
KISSIMMEE, FL 34741 US**

34030303



2. Principal Place of Business

3. Mailing Address

03302004 Chg-P CR2E034(10/03)

4. FEI Number

83-0378556

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PARADA, JOSE F
1630 KENDRICK DRIVE
APT L
KISSIMMEE, FL 34741**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
PARADA, JOSE F
1630 KENDRICK DRIVE APT L
KISSIMMEE, FL 34743** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ULLOA, JOSE L
1630 KENDRICK DRIVE APT L
KISSIMMEE, FL 34743** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
VALENCIA, CESAR B
1630 KENDRICK DRIVE APT L
KISSIMMEE, FL 34743** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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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 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:

J.F.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/04(407) 908-4860
Date Daytime Phone #