


FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90300 003 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000146688			
1. Entity Name RICHARD JACKSON DRYWALL INC.			
Principal Place of Business 54565 ARMSTRONG RD. CALLAHAN, FL 32011		Mailing Address 54565 ARMSTRONG RD. CALLAHAN, FL 32011	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04272004		Chg-P	CR2E034 (10/03)
4. FEI Number 11-3709899		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JACKSON, RICHARD K 54565 ARMSTRONG RD. CALLAHAN, FL 32011		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Signature, typed or printed name of registered agent and title if applicable.			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004, Fee will be \$550.00			
9. Election Campaign Financing \$5.00 May Be Added to Fees <input type="checkbox"/>			
10. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> Delete	
NAME	JACKSON, RICHARD K		
STREET ADDRESS	54565 ARMSTRONG RD.		
CITY-ST-ZIP	CALLAHAN, FL 32011		
TITLE	VP	<input type="checkbox"/> Delete	
NAME	SMYTHE, CHRISTOPHER L		
STREET ADDRESS	3919 BOOTH RD.		
CITY-ST-ZIP	CALLAHAN, FL 32011		
TITLE	T	<input type="checkbox"/> Delete	
NAME	DANSEREAU, KEITH JR		
STREET ADDRESS	2827 LAWHON RD		
CITY-ST-ZIP	CALLAHAN, FL 32011		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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 life empowered.			
SIGNATURE: <u>Richard K. Jackson</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date _____ Daytime Phone # _____			