

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90075 019 ***158.75

DOCUMENT # P03000147471

1. Entity Name

DAVE'S DRYWALL OF BREVARD, INC



Principal Place of Business

595 BAHAMA DR.
INDIALANTIC FL 32903

Mailing Address

595 BAHAMA DR.
INDIALANTIC FL 32903

50018282



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

830 Peregrine dr
Suite, Apt. #, etc.

3. Mailing Address

830 Peregrine dr
Suite, Apt. #, etc.

4. FEI Number

42-101-2993

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

City & State

Indialantic, FL

City & State

Indialantic, FL

Zip

32903

Country

US

Zip

32903

Country

US

6. Name and Address of Current Registered Agent

PARKER, MARGARET
3311 CALLE DEL MAR
W. MELBOURNE FL 32904

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

Margaret M Parker

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME FLORENCE, DAVID
STREET ADDRESS 595 BAHAMA DR.
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE D ☐ Delete
NAME FLORENCE, REGINA
STREET ADDRESS 595 BAHAMA DR.
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME Florence, David
STREET ADDRESS 830 Peregrine dr
CITY-ST-ZIP Indialantic, FL 32903

TITLE D ☒ Change ☐ Addition
NAME Florence, Regina
STREET ADDRESS 830 Peregrine dr
CITY-ST-ZIP Indialantic, FL 32903

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

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

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

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

Regina Florence Regina Florence

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-1-05

Daytime Phone #