2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 22, 2005 08:00 AM Secretary of State DOCUMENT # P03000148316 1. Entity Name TERRY PAUGH'S DRYWALL, INC. Principal Place of Business Mailing Address 3501 60TH ST W 3501 60TH ST W BRADENTON, FL 34209-7630 BRADENTON, FL 34209-7630 02032005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0467742 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PAUGH, TERRY DO NOT WRITE 3501 60TH ST W BRADENTON, FL 34209-7630 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 ago it and little if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE \$\tilde{5}\tilde{5}\tilde{5}\tilde{5}\tilde{5}\tilde{5}\tilde{0}\tilde{0}\tilde{0}\tilde{0}\tilde{5}\tilde{0}\til 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME PAUGH, TERRY STREET ADDRESS 3501 60TH ST W CITY - ST-ZIP **BRADENTON, FL 342097630** -007 150.00 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

12. I hereby certify that the information supp 1/2 with this filling 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 supplements 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone 4