

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90264 040 \*\*\*150.00

DOCUMENT # P03000149062

1. Entity Name  
JJ RODRIGUEZ DRYWALL, INC.



Principal Place of Business  
13023 LEEDS CT, APT C9  
TAMPA, FL 33612

Mailing Address  
13023 LEEDS CT, APT C9  
TAMPA, FL 33612

66430057



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04032004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0449059

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARREN, PETER M  
3127 PINE TOP DR  
VALRICO, FL 33612

Name  
Javier Rodriguez

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

13023 Leeds Ct. Apt C9

City  
Tampa

FL

Zip Code  
33612

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: *Javier Rodriguez*

(NOTE: Registered Agent signature required when reinstating)

4-27-04

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
RODRIGUEZ, JAVIER  
13023 LEEDS CT, APT C9  
TAMPA, FL 33612 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Javier Rodriguez - 4/1/04

Date

Daytime Phone #