

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90031 021 ***150.00

DOCUMENT # P03000149149

1. Entity Name

DAVID JOHNSON DRYWALL, INC.



Principal Place of Business

2713 LEM TURNER RD
CALLAHAN FL 32011

Mailing Address

2713 LEM TURNER RD
CALLAHAN FL 32011

2. Principal Place of Business

540711 Lem Turner Rd Callahan FL 32011
Suite, Apt. #, etc.

3. Mailing Address

540711 Lem Turner Rd Callahan FL 32011
Suite, Apt. #, etc.

City & State

Callahan FL

City & State

Callahan FL

4. FEI Number

800085130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, DAVID W
2713 LEM TURNER RD
CALLAHAN FL 32011

7. Name and Address of New Registered Agent

Name David W Johnson
Street Address (P.O. Box Number is Not Acceptable)
540711 Lem Turner Rd
City Callahan FL Zip Code 32011

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

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 DP ☐ Delete
NAME JOHNSON, DAVID W
STREET ADDRESS 2713 LEM TURNER RD
CITY-ST-ZIP CALLAHAN FL 32011

TITLE V ☐ Delete
NAME JOHNSON, THOMAS A
STREET ADDRESS 202 BLVD ST
CITY-ST-ZIP FOLKSTON GA 31537

TITLE ST ☒ Delete
NAME BOWYER, DEWAYNE
STREET ADDRESS 4306 TROUT RIVER BLVD
CITY-ST-ZIP JACKSONVILLE FL 32208

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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: David W Johnson David W Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-04
Date

507-9123
Daytime Phone #