2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Sep 24, 2004 8:00 am Secretary of State 09-24-2004 90002 009 ***150.00

1. Entity Nam	MENT # P03000149	9890			09-24-20	04 90002 009 ***	150.00
Principal Place of Business 6818 SMITH ROAD PANAMA CITY, FL 32405		Mailing Address 6818 SMITH ROAD PANAMA CITY, FL 32405				540734	176
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08262004	Chg-P	CR2E034 (10/03)	
City & State		City & State		4 FEI Numb	089730	⊢-	pplied For
Zip	Country	Zip	Country	1	of Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New R	egistered Agent	
	-		Name				
DAVIS, WAYNE E 6818 SMITH ROAD PANAMA CITY, FL 32405			<u> </u>	ess (P.O. Box Numb	er is Not Acceptable	9)	
· 			City			FL Zip Cod	e
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	s registered office or reg	istered agent, or bo	oth, in the State of Flo	orida. I am familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and lide if applicable. (NOT	E: Registored Agent algoature rec	quired when remetaling)		DATE	· <u>-</u>
l	LE NOW!!! FEE IS \$150.00 ue by September 8, 2004	9. Election Campa Trust Fund Con	aign Financing tribution.	\$5.00 May Be Added to Fees	In accordance v corporation did	with s. 607.193(2)(b), not receive the prior	F.S., the notice.
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE	D	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	DAVIS, WAYNE E		NAME				
STREET ADDRESS CITY-ST-ZIP	6818 SMITH ROAD PANAMA CITY, FL 32405		STREET ADDRESS CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE			☐ Change	Addition
NAME	HEDRICK, ROBERT A	·	NAME				
STREET ADDRESS	6818 SMITH ROAD		STREET ADDRESS				
CITY-ST-ZIP	PANAMA CITY, FL 32405		CITY-ST-ZIP				
- TITLE - =		☐ Delete	TITLÉ			Change	Addition
NAME OTHER ADDRESS		— ·- —	NAME-		•	-	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
						П.О	CT Address
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME		L. Delete	NAME			வளு	
STREET ADDRESS)		STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. Thereby	certify that the information supplied wit	n this filing does not qualify fo	or the exemption stated i	n Section 119,07(3)	(i), Florida Statutes.	I further certify that the in	nformation

indicated on this report or supplied with this many does not quality for the exemption state 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.

Attachment Drc # \$03000149890

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

Your Telephone Number Best Time to Call Best of the control of the control

DATE OF THIS NOTICE: 12-15-2003 EMPLOYER IDENTIFICATION NUMBER: 86-1089730 FORM: SS-4 NOBOD

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CP 575 A

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C & H DRYWALL 6818 SMITH RD PANAMA CITY FL