

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90010 010 \*\*\*158.75

**DOCUMENT # P03000150286**

1. Entity Name

GORDON DRYWALL, INC.



Principal Place of Business

16610 N.E. 46TH COURT  
CITRA FL 32113

Mailing Address

P.O. BOX 954  
CITRA FL 32113

2. Principal Place of Business

16610 NE 46th Ct

3. Mailing Address

P.O. Box 954

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Citra FL

City & State

Citra FL

Zip

32113

Country

Marion

Zip

32113

Country

Marion

4. FEI Number

20-0477987

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARNES & JAMES, P.A.  
2629 BLAIR STONE ROAD  
TALLAHASSEE FL 32301

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

*Melvin Gordon*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 20, 2004

**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 P  
NAME GORDON, MELVIN L  
STREET ADDRESS P.O. BOX 954  
CITY-ST-ZIP CITRA FL 32113 ☐ Delete

TITLE V  
NAME GORDON, MALVIN  
STREET ADDRESS P.O. BOX 954  
CITY-ST-ZIP CITRA FL 32113 ☐ Delete

TITLE S  
NAME GORDON, LISA  
STREET ADDRESS P.O. BOX 954  
CITY-ST-ZIP CITRA FL 32113 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE  
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

*Melvin Gordon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 20, 2004

Date

Daytime Phone #

352-595-1819