

2004 FOR PROFIT CORPORATION ANNUAL REPORT

07-16-2004 90008 018 ***150:00
P03000150349

DOCUMENT # P03000150349

1. Entity Name
GONZALEZ DRYWALL & FRAMING INC.



Principal Place of Business
2323 W. PALMETTO ST
TAMPA, FL 33607 US

Mailing Address
2323 W. PALMETTO ST
TAMPA, FL 33607 US

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07072004 Chg-P CR2E034 (10/03)

4. FEI Number **200476387**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, MARCELINO
2323 W. PALMETTO ST
TAMPA, FL 33607

7. Name and Address of New Registered Agent

Name *N/A*

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

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

(NOTE: Registered Agent signature required when reinstating)

7/13/04
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME GONZALEZ, MARCELINO
STREET ADDRESS 2323 W. PALMETTO ST
CITY-ST-ZIP TAMPA, FL 33607 ☐ Delete

TITLE VP
NAME ROSAS, DOLORES
STREET ADDRESS 2323 W. PALMETTO ST
CITY-ST-ZIP TAMPA, FL 33607 ☐ Delete

TITLE T
NAME GONZALEZ, MARCELINO
STREET ADDRESS 2323 W. PALMETTO ST
CITY-ST-ZIP TAMPA, FL 33607 ☐ Delete

TITLE S
NAME CRUZ, GUSTAVO
STREET ADDRESS 2323 W. PALMETTO ST
CITY-ST-ZIP TAMPA, FL 33607 ☒ 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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/04

813-967-7062

Daytime Phone #

FILED
04 AUG 30 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
54062733

