

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 13, 2005 8:00 am**  
**Secretary of State**

**DOCUMENT # P03000150678**

1. Entity Name  
**JOHN MILLS DRYWALL INC**



09-13-2005 90003 001 \*\*\*400.00  
09-13-2005 90003 002 \*\*\*150.00

Principal Place of Business  
**4741 RUSTIC COURT E  
LAKELAND, FL 33810**

Mailing Address  
**4741 RUSTIC COURT E  
LAKELAND, FL 33810**

**66027271**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08292005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**20-0979362**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MILLS, JOHN D SR  
4741 RUSTIC COURT E  
LAKELAND, FL 33810**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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 PD ☐ Delete  
NAME MILLS, JOHN D SR  
STREET ADDRESS 4741 RUSTIC COURT E  
CITY-ST-ZIP LAKELAND, FL 33810

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

TITLE ST ☐ Delete  
NAME MILLS, JOHN D JR  
STREET ADDRESS 4741 RUSTIC COURT E  
CITY-ST-ZIP LAKELAND, FL 33810

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John D Mills*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-4-05

Date

(562) 853-5308  
Daytime Phone #