07-05-2005 90224 013 ***150.00
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2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 AUG -9 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P03000151023

1. Entity Name
CALVIN'S DRYWALL & INTERIORS, INC.

Principal Place of Business	Mailing Address
9076 E. RIVER DR. NAVARRE, FL 32566	9076 E. RIVER DR. NAVARRE, FL 32566

06292005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8926 DEER LANE	P.O. BOX 6523
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAVARRE FL	City & State: NAVARRE FL
Zip: 32566 Country: US	Zip: 32566 Country: US

4. FEI Number: 20-0489903 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCINTYRE, CALVIN D
9076 E. RIVER DR.
NAVARRE, FL 32566

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 8926 DEER LANE

City: NAVARRE FL Zip Code: 32566

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
Due by September 7, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCINTYRE, CALVIN D 9076 E. RIVER DR. NAVARRE, FL 32566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 8926 DEER LANE NAVARRE FL 32566
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MCINTYRE, BRENDA 9076 E. RIVER DR. NAVARRE, FL 32566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: Calvin D McIntyre 6-28-05 (850)368-0306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

calvin D McIntyre