


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-12-2004 90271 009 ***158.75

DOCUMENT # P03000151486
 1. Entity Name
THOMAS BARKER DRYWALL, INC.



Principal Place of Business Mailing Address
4433 ALANTHUS STREET MILTON FL 32583 **4433 ALANTHUS STREET MILTON FL 32583**

66414967



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
3030 Marques St. 3030 Marques St.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Pensacola Florida Pensacola Florida

Zip Country Zip Country
32505 USA 32505 USA

4. FEI Number **02-0712916** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
LISTER, J R
1993 NORTH ROBERTS CIRCLE
PENSACOLA FL 32534

7. Name and Address of New Registered Agent
 Name **Barker, Thomas E.**
 Street Address (P.O. Box Number is Not Acceptable)
3030 Marques St.
 City **Pensacola** FL Zip Code **32505**

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 **Thomas E. Barker** *Thomas Barker* **04-08-04**
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
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 NAME STREET ADDRESS CITY-ST-ZIP | P BARKER, THOMAS E 4433 ALANTHUS STREET MILTON FL 32583 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas Barker* **4-22-2004 (850) 433-9645**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #