2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2005 08:00 AM Secretary of State

ANNUAL REPORT				C 4 CC4 4			
1. Entity Nam	MENT # P0300015 NG DRYWALL INC.	1944			Sec	eretary o	i State
Principal Place of Business			VE		18/05		E) E
E	OO NOT WRITE	CE	04142005 4. FEI Numbe 59-3778		CR2E034 (10/03	Applied For Not Applicable	
 	6. Name and Address of Curren	Registered Agent			-		
KING, TROY 123 LITTLE ORANGE LAKE DRIVE HAWTHORNE, FL 32640					NOT WI		
8. The above the obligat	named entity submits this statement for the stat	or the purpose of changing its register	ed office or règister	ed agent, or bot	h, in the State of Flor	da. I am familiar wit	h, and accept
SIGNATURE.	Signalure, typed or printed name of registered agen	and little if annilicable (NOTE Registers	ed Agent signature required	when reinstation)	* * .	· DATE	 ,
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campalgn Finar	ncing \$5.	.00 May Be		- DAIL	
10.	OFFICERS AND	DIRECTORS			The section of the se		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, TROY 123 LITTLE ORANGE LAKE DR HAWTHORNE, FL 32640	IVE	_		<u> </u>	3 28862	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			- <u></u>	: <u>-</u>	;		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				- 	a foreste		

12. Thereby 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-278-2407