

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/29/

**FILED**  
**May 26, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90319 038 \*\*\*150.00

**DOCUMENT # P03000152029**

1. Entity Name  
**GERALD CURRY DRYWALL, INC.**



Principal Place of Business

**489 STARRAT ROAD, #215  
JACKSONVILLE, FL 32218**

Mailing Address

**489 STARRAT ROAD, #215  
JACKSONVILLE, FL 32218**

2. Principal Place of Business

**489 Starrat Road**

3. Mailing Address

**same**

Suite, Apt. #, etc.

**# 215**

Suite, Apt. #, etc.

**same**

City & State

**Jacksonville FL**

City & State

**same**

Zip

**32218**

Country

**Dual**

Zip

**same**

Country

**same**

04262004

Chg-P

CR2E034 (10/03)

4. FEI Number

**20-0681650**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CURRY, GERALD  
489 STARRAT ROAD, #215  
JACKSONVILLE, FL 32218**

**ULBRICH, Robert G  
6802 North Main Street  
Jacksonville FL 32208**

7. Name and Address of New Registered Agent

Name

**Robert G ULBRICH**

Street Address (P.O. Box Number is Not Acceptable)

**6802 N MAIN**

City

**JACKSONVILLE**

FL

Zip Code

**32208**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

**5/21/04**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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  
**PVST  
CURRY, GERALD  
489 STARRAT ROAD, #215  
JACKSONVILLE, FL 32218**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CURRY, GERALD  
489 STARRAT ROAD, #215  
JACKSONVILLE, FL 32218**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

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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]*

**Gerald A. Curry 4/27/04 714-6491**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #