


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90162 011 ***150.00

DOCUMENT # P03000152621	
1. Entity Name DAVID PRATT DRYWALL, INC.	

Principal Place of Business 213 VARDEN RD FLORAHOME, FL 32140	Mailing Address 213 VARDEN RD FLORAHOME, FL 32140
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2. Principal Place of Business 1013 Using Avenue	3. Mailing Address 1013 Using Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Interlachen, FL	City & State Interlachen, FL
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Zip 32148	Country Putnam	Zip 32148	Country Putnam
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6. Name and Address of Current Registered Agent PRATT, DAVID 213 VARDEN RD FLORAHOME, FL 32140	
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7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	1013 Using Ave
City	Interlachen, FL 32148

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRATT, DAVID 213 VARDEN RD FLORAHOME, FL 32140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1013 Using Avenue Interlachen, FL 32148 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRATT, TINA 213 VARDEN RD FLORAHOME, FL 32140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1013 Using Avenue Interlachen, FL 32148 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: David Pratt **4-22-05-(386-659-1745**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #