


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90028 048 ***150.00

DOCUMENT # P03000154264

1. Entity Name
RONNIE BEASLEY DRYWALL INC.



Principal Place of Business Mailing Address

**16 MAPLES ST
 FT WALTON BEACH, FL 32548** **16 MAPLES ST
 FT WALTON BEACH, FL 32548**

2. Principal Place of Business 3. Mailing Address

956 Jennifer Lake Dr *956 Jennifer Lake Dr*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

DeFuniak Springs FL *DeFuniak Springs FL*

Zip Country Zip Country

32533 *32533* *FL* *32533*



03042005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

20-0504811 Not Applicable

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

6. Name and Address of Current Registered Agent

BEASLEY, RONNIE L
~~16 MAPLES ST~~
~~FT WALTON BEACH, FL 32548~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Applicable)
956 Jennifer Lake Dr

City State Zip Code
DeFuniak Springs FL 32533

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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PST <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEASLEY, RONNIE L	NAME	<i>956 Jennifer Lake Dr</i>
STREET ADDRESS	16 MAPLES ST	STREET ADDRESS	<i>DeFuniak Springs FL 32533</i>
CITY-ST-ZIP	FT WALTON BEACH, FL 32548	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 empowerment.

SIGNATURE: *Ronnie Beasley* *Ronnie Beasley* **4-6-05** **880-499-3875**

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