


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-12-2004 90652 016 ****61.25
04-26-2004 91028 017 ****88.75

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| DOCUMENT # P03000155693 |  |
| 1. Entity Name SOUTHWEST FLORIDA DRYWALL INC | |

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| Principal Place of Business 2281 GROSSPOINT ST PORT ST LUCIE FL 34953 | Mailing Address 2281 GROSSPOINT ST PORT ST LUCIE FL 34953 |
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| 2. Principal Place of Business 2281 Grosspoint St Suite, Apt. #, etc. | 3. Mailing Address Port St Lucie, FL 34953 Suite, Apt. #, etc. |
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|-------------------------|-------------------------|
| City & State | City & State |
| Zip | Country |



MOORE CR2E034 (11/03)

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| 4. FEI Number 20-0525967 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent POULIOT, BERTRAND 2281 GROSSPOINT ST PORT ST LUCIE FL 34953 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

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| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. | DATE (NOTE: Registered Agent signature required when reinstating) |
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| 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. <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 | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>TITLE</td> <td>P, D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>POULIOT, BERTRAND</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2281 GROSSPOINT ST</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PORT ST LUCIE FL 34953</td> <td></td> </tr> </table> | TITLE | P, D | <input type="checkbox"/> Delete | NAME | POULIOT, BERTRAND | | STREET ADDRESS | 2281 GROSSPOINT ST | | CITY - ST - ZIP | PORT ST LUCIE FL 34953 | | <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | |
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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: <i>BERTRAND POULIOT</i> 4 7 4 | DATE | Daytime Phone # |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | |