2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mailing Address

3. Mailing Address

Suite, Apt. #, etc

City & State

Zip

2027 OAK WATER DRIVE

JACKSONVILLE FL 32225

DOCUMENT # P03000156535

Country

BLOCKER, SONJA D -

9107 LOWERY STREET

6. Name and Address of Current Registered Agent

1. Entity Name

ME KIGHT DRYWALL INC

Principal Place of Business

2027 OAK WATER DRIVE

JACKSONVILLE FL 32225

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

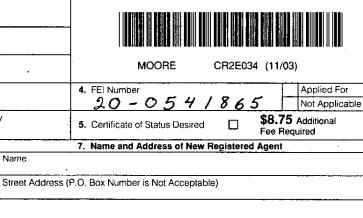
Zip



FILED Feb 23, 2004 8:00 am **Secretary of State**

02-23-2004 90053 011 ***150.00

UPCCUUPC



JACKSONVILLE FL 32226 Zip Code 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE Change ☐ Addition NAME KIGHT, MICHAEL E NAME STREET ADDRESS 2027 OAK WATER DRIVE STREET ADDRESS JACKSONVILLE FL 32225 CITY-ST-21P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition KIGHT, AMANDA J NAME NAME 2027 OAK WATER DRIVE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32226 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE □ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

Country

Name

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: Michael E. Kight