


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90253 004 ***150.00

DOCUMENT # P03000157035

1. Entity Name
CHARLES MERCHANT DRYWALL, INC.



Principal Place of Business
**9676 SW HULL AVENUE
 FORT OGDEN, FL 34266**

Mailing Address
**POST OFFICE BOX 448
 FORT OGDEN, FL 34266**



2. Principal Place of Business
1299 N.E. Cross Ave

3. Mailing Address
1299 N.E. Cross Ave

City & State
Arcadia Fla.

City & State
Arcadia Fla.

Zip
34266

Country
Desoto

Zip
34266

Country
Desoto

03132004 Chg-P CR2E034 (10/03)

4. FEI Number
75-3142446

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MERCHANT, CHARLES
 9676 SW HULL AVENUE
 FORT OGDEN, FL 34266**

7. Name and Address of New Registered Agent

Name
Charles E. Merchant

Street Address (P.O. Box Number is Not Acceptable)
1299 N.E. Cross Ave

City
Arcadia

FL Zip Code
34266

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PD MERCHANT, CHARLES 9676 SW HULL AVENUE FORT OGDEN, FL 34266	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MERCHANT, PRISCILLA 9676 SW HULL AVENUE FORT OGDEN, FL 34266	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Jason Paige 92 Texas Ave. Arcadia Fl. 34266	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Charles E Merchant Date: 4-26-04

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