


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90240 020 \*\*\*150.00

**DOCUMENT # P03000157035**

1. Entity Name  
 CHARLES MERCHANT DRYWALL, INC.



Principal Place of Business  
 1299 NE CROSS AVE  
 FORT OGDEN, FL 34266

Mailing Address  
 1299 NE CROSS AVE  
 FORT OGDEN, FL 34266

2. Principal Place of Business  
 1299 N.E. Cross Ave  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Arcadia

City & State  
~~Fort OGDEN~~ Arcadia

Zip  
 34266-5527

Country  
 United States

Zip  
 34266-5527

Country



04212005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

MERCHANT, CHARLES  
 1299 NE CROSS AVE  
 FORT OGDEN, FL 34266

4. FEI Number  
 75-3142446

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City  
 Arcadia

FL 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 Charles E Merchant DATE 4/20/05

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD	NAME MERCHANT, CHARLES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 9676 SW HULL AVENUE	CITY-ST-ZIP FORT OGDEN, FL 34266	
TITLE S	NAME MERCHANT, PRISCILLA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 9676 SW HULL AVENUE	CITY-ST-ZIP FORT OGDEN, FL 34266	
TITLE V	NAME PAIGE, JASON	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 92 TEXAS AVE	CITY-ST-ZIP ARCADIA, FL 34266	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	NAME Charles E Merchant	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1299 NE cross Ave	CITY-ST-ZIP Arcadia Fl. 34266	
TITLE Vice President	NAME Priscilla Merchant	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1299 N.E. Cross Ave	CITY-ST-ZIP Arcadia Fl. 34266	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	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 empowered.

SIGNATURE: Charles E Merchant DATE 4/21/05 DAYTIME PHONE # 863 990 7452

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR