

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000157829

1. Entity Name  
RICK BODWAY DRYWALL, INC.



Principal Place of Business  
10608 PINHOLSTER RD  
JACKSONVILLE, FL 32218

Mailing Address  
10608 PINHOLSTER RD  
JACKSONVILLE, FL 32218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

27-0077861

Not Applic

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BODWAY, LENORA D  
10608 PINHOLSTER RD  
JACKSONVILLE, FL 32218

Name

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

City

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

*Rick Bodway*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*19/28/05*

DATE

FILE NOW!!! FEE IS \$550.00  
Due by October 1, 2005

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 NAME STREET ADDRESS CITY-ST-ZIP	P BODWAY, RICHARD A 10608 PINHOLSTER RD JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete  <input type="checkbox"/> Change <input type="checkbox"/> Ad 000060216380 10/04/05--01060--014 **558.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BODWAY, LENORA D 10608 PINHOLSTER RD JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete  <input type="checkbox"/> Change <input type="checkbox"/> Ad  <input type="checkbox"/> Change <input type="checkbox"/> Ad
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Ad

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, or on an attachment with an address, with all other like empowered.

*Rick Bodway*

REINSTATEMENT  
000162005 Chg-P CR2E034 (10/03) 05

05 DEC -9 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

