2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/7/2(

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-07-2004 90050 037 ***150.00

DOCUMENT # P04000002332

1. Entity Name

DRYWALL WIZARD, INC.

66417637

MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address
RT 22 BOX 2317 LAKE CITY FL 32024	RT 22 BOX 2317 LAKE CITY FL 32024

2. Principal Place of Business	3. Mailing Address
221 SW Aloe Ct Suite, Apt. #, etc.	221 SW Aloe Ct Suite, Apt. #, etc.
City & State: LAKE CITY FL	City & State: LAKE CITY FL
Zip: 32024 Country: USA	Zip: 32024 Country: USA

4. FEI Number: ~~56-2300600~~ ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AMBROS, JOSEPH V RT 22 BOX 2317 LAKE CITY FL 32024	Name Street Address (P.O. Box Number is Not Acceptable): 221 SW Aloe Ct City: LAKE CITY FL Zip Code: 32024

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: Joseph V. Ambros 4-2-4

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

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. ☐ **$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	D AMBROS, JOSEPH V P OBOX 202 MCALPIN FL 32062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AMBROS, STEPHANIE ANN P O BOX 202 MCALPIN FL 32062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AMBROS, JESSE L P O BOX 202 MCALPIN FL 32062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Joseph V. Ambros 4-2-4 386 752-1172

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