

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90006 015 \*\*\*150.00

**DOCUMENT # P04000004007**

1. Entity Name  
**CHISHOLM DRYWALL INC.**



Principal Place of Business  
**2700 50TH AVE W APT 109  
 BRADENTON FL 34209**

Mailing Address  
**2700 50TH AVE W APT 109  
 BRADENTON FL 34209**

**54070836**



MOORE CR2E034 (4/04)

2. Principal Place of Business  
**1332 PINE NEEDLE RD**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1332 PINE NEEDLE RD**  
 Suite, Apt. #, etc.

4. FEI Number  
**030533360**

Applied For  
 Not Applicable

City & State  
**VENICE, FL**

City & State  
**VENICE FL**

Zip  
**34285**

Country  
**FLORIDA**

Zip  
**34285**

Country  
**FLORIDA**

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

6. Name and Address of Current Registered Agent  
**CHISHOLM, JOSEPH R  
 2700 50TH AVE W APT 109  
 BRADENTON FL 34209**

7. Name and Address of New Registered Agent  
 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 Joseph Chisholm Joseph Chisholm 8-28-04  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004**  
**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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 D <input type="checkbox"/> Delete	CHISHOLM, JOSEPH R	TITLE CHISHOLM, JOSEPH R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME CHISHOLM, JOSEPH R	2700 50TH AVE W APT 109	NAME 1332 PINE NEEDLE RD	
STREET ADDRESS 2700 50TH AVE W APT 109	BRADENTON FL 34209	STREET ADDRESS VENICE FL	
CITY-ST-ZIP BRADENTON FL 34209		CITY-ST-ZIP 34285	
TITLE <input type="checkbox"/> Delete	CHISHOLM, JOSEPH R	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME CHISHOLM, JOSEPH R	1332 PINE NEEDLE RD	NAME	
STREET ADDRESS 1332 PINE NEEDLE RD	VENICE FL	STREET ADDRESS	
CITY-ST-ZIP 34285		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Joseph Chisholm Joseph Chisholm 8-28-04 941-484-5607  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #