

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 SEP 27 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0400008193 1. Entity Name MANUEL GUDINO DRYWALL SERVICES, INC.		
Principal Place of Business 159 SEASONS DRIVE PUNTA GORDA, FL 33983		Mailing Address 159 SEASONS DRIVE PUNTA GORDA, FL 33983
2. Principal Place of Business 633 W. HICHORY ST. <small>Suite, Apt. #, etc.</small>	3. Mailing Address 633 W. HICKORY STREET <small>Suite, Apt. #, etc.</small>	
City & State ARCADIA, FL. 34266	City & State ARCADIA, FL. XXXXXXXXXXXX	4. FEI Number 20-0623068
Zip 34266	Country desoto	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		578162005 Chg-P CR2E034 (10/03)
6. Name and Address of Current Registered Agent MATTHEW, JAMES E 22212 MONTROSE AVENUE PORT CHARLOTTE, FL 33952		7. Name and Address of New Registered Agent Name ROOSEVELT S. ISAAC, SR. Street Address (P.O. Box Number is Not Acceptable) 347 SOUTH ORANGE AVE. City ARCADIA, FL. 34266 State 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: <u>Roosevelt S. Isaac</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GUDINO, MANUEL 6653 S.W. PENSACOLA AVENUE NOCATEE, FL 34268	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUDINO, BENIGNO 6653 S.W. PENSACOLA AVENUE NOCATEE, FL 34268	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUBIO, BERNARDINO 3640 HWY. 17 S NOCATEE, FL 34268	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: <u>Manuel Gudino</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>09/13/05</u> Daytime Phone #