


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P04000008193 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. HICKORY ST. Suite, Apt. #, etc.		3. Mailing Address 633 W. HICKORY STREET Suite, Apt. #, etc.			
City & State ARCADIA, FL. 34266		City & State ARCADIA, FL. XXXXXXXXXXXX		4. FEI Number 20-0623068	
Zip 34266		Country DESOTO		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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	
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> (NOTE: Registered Agent signature required when reinstating) DATE _____					
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100060086751 09/29/05--01062--006 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUDINO, BENIGNO 6653 S.W. PENSACOLA AVENUE NOCATEE, FL 34268		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUBIO, BERNARDINO 3640 HWY. 17 S NOCATEE, FL 34268		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: <u>Manuel Gudino</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Pres. <u>09/13/05</u> Date Daytime Phone #		