

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90075 047 ***150.00

DOCUMENT # P04000008233

1. Entity Name

GERMAN LOPEZ DRYWALL, INC.



Principal Place of Business

2002 CASCADE BLVD., APT. 101
KISSIMMEE, FL 34741

Mailing Address

2002 CASCADE BLVD., APT. 101
KISSIMMEE, FL 34741

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042005

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0605690

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

LOPEZ, GERMAN

2002 CASCADE BLVD., APT. 101
KISSIMMEE, FL 34741

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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	PD LOPEZ, GERMAN <input type="checkbox"/> Delete
STREET ADDRESS	2002 CASCADE BLVD., APT. 101
CITY-STATE-ZIP	KISSIMMEE, FL 34741
TITLE NAME	VP LOPEZ, JUAN CARLOS <input type="checkbox"/> Delete
STREET ADDRESS	2002 CASCADE BLVD., APT. 101
CITY-STATE-ZIP	KISSIMMEE, FL 34741
TITLE NAME	S LOPEZ, TERESA <input type="checkbox"/> Delete
STREET ADDRESS	2002 CASCADE BLVD., APT. 101
CITY-STATE-ZIP	KISSIMMEE, FL 34741
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1909 EAST TERRACE APT 205
CITY-STATE-ZIP	KISSIMMEE, FL 34741
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-STATE-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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-05 321-284-5833