

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2005 8:00 am
Secretary of State

08-17-2005 90001 003 ***150.00

DOCUMENT # P04000008665			
1. Entity Name TERRY F DRYWALL INC.			
Principal Place of Business 2064 DELTA STREET PORT CHARLOTTE, FL 33952 US		Mailing Address 2064 DELTA STREET PORT CHARLOTTE, FL 33952 US	
2. Principal Place of Business 1247 Nora Ln Suite, Apt. #, etc.		3. Mailing Address 1247 Nora Ln Suite, Apt. #, etc.	
City & State North Port, FL Zip: 34286 Country:		City & State North Port, FL Zip: 34286 Country:	
4. FEI Number 20-0571950		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRYFOGLE, STERLING J 2064 DELTA STREET PORT CHARLOTTE, FL 33952		7. Name and Address of New Registered Agent Name: Street Address (P O Box Number's Not Acceptable): City: FL Zip Code:	
8. The above named entity suorn Is 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: _____ DATE: _____ <small>Signature typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when changing)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution on: <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: P NAME: FRYFOGLE, STERLING J <input checked="" type="checkbox"/> Delete STREET ADDRESS: 2064 DELTA STREET CITY ST ZIP: PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: P NAME: Fryfogle, Sterling J <input type="checkbox"/> Delete STREET ADDRESS: 1247 Nora Ln CITY ST ZIP: North Port, FL 34286	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY ST ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY ST ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY ST ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: <input type="checkbox"/> Delete 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)(c), 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>Sterling J. Fryfogle</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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