

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

05-02-2005 90421 006 ***150.00

DOCUMENT # P04000012195

1. Entity Name
JASON & CHRISTIE DRYWALL, INC.



Principal Place of Business
**4590 SAN HEATH LANE
BARTOW, FL 33830**

Mailing Address
**4590 SAN HEATH LANE
BARTOW, FL 33830**

66021811



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-0649545

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SUMMERLIN, CHRISTIE
4590 SAN HEATH LANE
BARTOW, FL 33830**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SUMMERLIN, JASON	
STREET ADDRESS	4590 SAN HEATH LANE	
CITY - ST - ZIP	BARTOW, FL 33830	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SUMMERLIN, CHRISTIE	
STREET ADDRESS	4590 SAN HEATH LANE	
CITY - ST - ZIP	BARTOW, FL 33830	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, TONY	
STREET ADDRESS	4600 SAN HEATH LANE	
CITY - ST - ZIP	BARTOW, FL 33830	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-05 863 327-5387