



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90982 021 ***150.00

DOCUMENT # P04000013872 1. Entity Name L.R.A. DRYWALL FINISHER, INC.					
Principal Place of Business 1727 N. CENTRAL AVE APT. 72 KISSIMMEE, FL 34741			Mailing Address 1727 N. CENTRAL AVE APT. 72 KISSIMMEE, FL 34741 US		
2. Principal Place of Business 2349 N. CENTRAL AVE Suite, Apt. #, etc. Apt # 203		3. Mailing Address 2349 N. CENTRAL AVE. Suite, Apt. #, etc. Apt # 203			
City & State Kissimmee FL		City & State Kissimmee FL		4. FEI Number 20-0647983	
Zip 34741		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REYES, LUIS R 1727 N. CENTRAL AVE. APT. 72 KISSIMMEE, FL 34741				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2349 N. CENTRAL AVE Apt 203 City Kissimmee FL Zip Code 34741	
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>[Signature]</u> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME REYES, LUIS R STREET ADDRESS 1727 N. CENTRAL AVE., APT. 72 CITY-ST-ZIP KISSIMMEE, FL 34741	<input type="checkbox"/> Delete		TITLE NAME 2349 N. Central Ave # 209 STREET ADDRESS Kissimmee, FL 34741 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME REYES, IRENE J STREET ADDRESS 1727 N. CENTRAL AVE., APT. 72 CITY-ST-ZIP KISSIMMEE, FL 34741	<input type="checkbox"/> Delete		TITLE NAME 2349 N. Central Ave. Apt # 209 STREET ADDRESS Kissimmee, FL 34741 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ORDONEZ, ROSA A STREET ADDRESS 1727 N. CENTRAL AVE CITY-ST-ZIP KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME Lillian Mejia STREET ADDRESS 2349 N. Central Ave. Apt # 209 CITY-ST-ZIP Kissimmee, FL 34741	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					