

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90027 007 ***150.00

DOCUMENT # P04000015022

1. Entity Name
M. ORELLANA DRYWALL, INC.



Principal Place of Business
~~2214 GRAND CAYMON CT APT 1523~~
~~KISSIMMEE, FL 34741~~

Mailing Address
~~2214 GRAND CAYMON CT APT 1523~~
~~KISSIMMEE, FL 34741~~

50006945



2. Principal Place of Business
2492 HURON CIRCLE

3. Mailing Address
2492 HURON CIRCLE

Suite, Apt. #, etc.

01202005 Chg-P CR2E034 (10/03)

City & State
KISSIMMEE

City & State
KISSIMMEE

Zip
34746

Country
ORCIDA

Zip
34746

Country
ORCIDA

4. FEI Number
20-0646430

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ORELLANA, MARIA
2214 GRAND CAYMON CT APT 1523
KISSIMMEE, FL 34741

7. Name and Address of New Registered Agent
Name
MARIA ORELLANA
Street Address (P.O. Box Number is Not Acceptable)
2492 HURON CIRCLE
City
KISSIMMEE FL Zip Code
34746

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 **X Maria Orellana**

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	DPS	<input type="checkbox"/> Delete	TITLE	DIPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORELLANA, MARIA		NAME	MARIA ORELLANA	
STREET ADDRESS	2214 GRAND CAYMON CT APT 1523		STREET ADDRESS	2492 HURON CIRCLE	
CITY-ST-ZIP	KISSIMMEE, FL 34741		CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	DIT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, HUGO		NAME	HUGO TORRES	
STREET ADDRESS	2214 GRAND CAYMON CT APT 1523		STREET ADDRESS	2492 HURON CIRCLE	
CITY-ST-ZIP	KISSIMMEE, FL 34741		CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	JUAN RIVERA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PORTILLO, HERBERTH A		NAME	JUAN RIVERA	
STREET ADDRESS	2214 GRAND CAYMON CT APT 1523		STREET ADDRESS	2492 HURON CIRCLE	
CITY-ST-ZIP	KISSIMMEE, FL 34741		CITY-ST-ZIP	KISSIMMEE, FL 34746	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **X Maria Orellana**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/05 **407-847-3891**

Date Daytime Phone #