

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000020532

1. Entity Name
RUZICKA DRYWALL, INC



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

05-02-2005 90433 030 ***150.00

Principal Place of Business *154 NW 154 NW 154 NW* Mailing Address
~~562 SW OLEANDER PL~~ *meadow terrace* P O BOX 2466
LAKE CITY, FL 32025 US LAKE CITY, FL 32056 US

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

04252005 Chg-P CR2E034 (10/03)

City & State **City & State**

4. FEI Number <i>14-1902682</i>	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

RUZICKA, JEROME F
562 SW OLEANDER PL
LAKE CITY, FL 32025

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

J. F. Ruzicka Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-29-05 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 Delete
NAME RUZICKA, JEROME F
STREET ADDRESS 562 SW OLEANDER PL
CITY-ST-ZIP LAKE CITY, FL 32025

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP Delete
NAME RUZICKA, JEFFREY B
STREET ADDRESS 562 SW OLEANDER PL
CITY-ST-ZIP LAKE CITY, FL 32025

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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: *J. F. Ruzicka*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-05

Date

3862886835

Daytime Phone #