

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90054 039 ***150.00

DOCUMENT # P04000036957

1. Entity Name
ANTONIO & BROTHERS DRYWALL, INC.



Principal Place of Business
**7500 POWERS AVENUE
153
JACKSONVILLE, FL 32217**

Mailing Address
**7500 POWERS AVENUE
153
JACKSONVILLE, FL 32217**

40047412



2. Principal Place of Business
4740 Cumberland station CT

3. Mailing Address
4740 Cumberland Station Court

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

Suite, Apt. #, etc. **Station Court**

City & State
JAX FL

City & State
JAX FL

Zip
32257

Country
USA

Zip
32257

Country
USA

03292005 Chg-P CR2E034 (10/03)

4. FEI Number
X20-0793589

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**PORTILLO, MOISES A
7500 POWERS AVENUE
153
JACKSONVILLE, FL 32217**

7. Name and Address of New Registered Agent
Name **Hernandez, Jose F.**
Street Address (P.O. Box Number is Not Acceptable)
4740 Cumberland Station Court
City **JAX FL** Zip Code **32257**

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 NAME STREET ADDRESS CITY-ST-ZIP	P PORTILLO, MOISES A 7500 POWERS AVENUE, #153 JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Portillo Moises A. 7200 Powers Ave. 173 JAX FL 32217 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERNANDEZ, JOSE F 7200 POWERS AVENUE, #199 JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hernandez Jose F. 4740 Cumberland Station Court JAX FL 32257 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEIVA, MAURICIO N 7500 POWERS AVENUE, APT. 94 JACKSONVILLE, FL 32217 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Lopez Jose R 7200 Powers Ave. 173 JAX FL 32217 <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
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: **Jose F Hernandez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____