

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000049994

1. Entity Name
JAMES L HALL DRYWALL, INC



**FILED
Apr 18, 2005 8:00 am
Secretary of State**

04-18-2005 90571 023 ***150.00

| | | | | | | | |
|--|---------|--|---------|--|--|--|--|
| Principal Place of Business 1435 E. VENICE AVENUE #181 VENICE, FL 34292 | | Mailing Address 1435 E. VENICE AVENUE #181 VENICE, FL 34292 | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | | | | |
| 6. Name and Address of Current Registered Agent HALL, JAMES L 3301 ARECA STREET PUNTA GORDA, FL 33950 | | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 150 SALISBURY STREET City PORT CHARLOTTE FL Zip Code 33954 | | | |

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 JAMES L. HALL

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

| | | | |
|--|---|---|--|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS HALL, JAMES L 3301 ARECA STREET PUNTA GORDA, FL 33950 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP 150 SALISBURY STREET PORT CHARLOTTE, FL 33954 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | <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: James L. Hall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #