## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 16, 2005 8:00 am Secretary of State 05-16-2005 90196 045 \*\*\*150.00

| Mailing Address   Mailing Ad   | 1. Entity Name WESTERMAN DRYWALL OF CENTRAL FLORIDA INC. |                                 |   |                          |                 |                              |                                 |                                  |                   | 03-10-200           | 3 90190 0                                 | 13                     | 0.00              |  |
|--|--|---------------------------------|---|--------------------------|-----------------|------------------------------|---------------------------------|----------------------------------|-------------------|---------------------|---|------------------------|-------------------|--|
| EUSTIS, FL 32736  2. Principal Place of Business  3. Mailing Address  City & State  Ci | Principal Plac   | e of Business                   | 3   | Mailing A                | Mailing Address |                              |                                 |                                  |                   |                     |   |                        |                   |  |
| Sultio, Apt. #, etc.   Sultio, Apt. #, etc.   Oliy & State   Cliy & State   Cliy & State   A_FEI Number   A_F   |  |                                 |   |                          |                 |                              |                                 |                                  |                   |                     | <b>25</b> 111 <b>25131 2</b> 114 <b>2</b> | Prit <b>2012</b> 44884 | M.) WWA 11 + 4 W. |  |
| City & State    City & State   City & State   Country   Country   Country   Special  | 2. Principal Place of Business                           |                                 |   | 3. Mailing Address       |                 |                              |                                 |                                  |                   |                     |   |                        |                   |  |
| Zip Country Zip Country Sip Country Sip Country Sip Country S. Outlittleate of Satus Desired Status Desired Sta | Suite, Apt. #, etc.                                      |                                 |   | Suite, Apt. #, etc.      |                 |                              |                                 | 05132005                         | Chg-P             | CR2E                | 034 (10/03)                               |                        |                   |  |
| S. Cardificate of Sistus Pepired   S. Cardificate of Sistus Applied   Security States   Security State | City & State   |                                 |   | City & State             |                 |                              |                                 |                                  | 9 27/             | 4                   | <del></del>                               | <del></del>            |                   |  |
| CLSON, UMATILLA BLVD.   STREY   STRE   | Zíp  |                                 |   |                          |                 | Coun                         | itry                            | 5. Certificate of Status Desired |                   | d 🗆                 |   |                        |                   |  |
| SIGNATURE    City   FL   Zip Code  | 6. Name and Address of Current Registered Agent          |                                 |   |                          |                 |                              |                                 |                                  |                   |                     |   |                        |                   |  |
| ### City   FL   Zip Code  8. The above named entity submits this statement for the purpose of changing its registered disce or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent.  ### FILE NOW!!! FEE IS \$150.00   9. Election Campaign Financing Trust Fund Contribution.   Agent sgraker meawed when remittancy)   DATE  ### FILE NOW!!! FEE IS \$150.00   9. Election Campaign Financing Trust Fund Contribution.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ### P   |  |                                 |   |                          |                 |                              |                                 |                                  |                   |                     |   |                        |                   |  |
| B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Common   |  |                                 |   |                          |                 |                              | Olicel Al                       | 30,033 (1                        | .0. 00x 1401110   | er is Not Accepte   | 30.0)                                     |                        |                   |  |
| 8. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   |  |                                 |   |                          |                 |                              | City                            |                                  |                   |                     | FL  | Zip Cod                | le                |  |
| Symbol or promote name of registered agent and take of applicable   NOTE: Registered Agent segnature when nendature)   DATE  | 8. The above the obligat                                 | named entity<br>tions of regist | y submits this statement f<br>ered agent. | or the purpose           | of changing its | register                     | ed office or                    | registere                        | ed agent, or bo   | th, in the State of | Florida, I am                             | familiar with,         | and accept        |  |
| Trust Fund Contribution.   Added to Fees   Corporation did not receive the prior notice.    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE   P  | SIGNATURE.   |                                 | or printed name of registered agen        | t and little if applicat | ole. (NOTE      | : Registere                  | d Agent signatu                 | re required                      | when reinstating) |                     | DATE                                      |                        |                   |  |
| TITLE NAME AVOACH HOLLY BRANCH RD.  TITLE NAME CHUSTIS, FL 32736   | ,  |                                 |   |                          |                 |                              | -                               |                                  |                   |                     |   |                        |                   |  |
| NAME SITRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP   | 10.  | <del></del> -                   | OFFICERS AND                              | DIRECTORS                |                 | 11.                          |                                 |                                  | ADDITIONS.        | CHANGES TO C        | OFFICERS AN                               | D DIRECTOR             | S IN 11           |  |
| CITY-ST-ZIP  LITTLE MAME MAME MESTERMAN, GEORGE III 40404 HOLLY BRANCH RD. EUSTIS, FL 32736  CITY-ST-ZIP  LITTLE MAME SIREET ADDRESS CITY-ST-ZIP  LITTLE MAME SIREET A | NAME   | WESTER                          |   |                          | Delete          | NAM                          | E                               |                                  |                   |                     |   | ☐ Change               | ☐ Addition        |  |
| MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP  |  | EUSTIS, F                       |   |                          |                 |                              |                                 |                                  |                   |                     |   |                        |                   |  |
| CITY-ST-ZIP  EUSTIS, FL 32736  CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | 1                               | MAN, GEORGE III                           |                          | ☐ Delete        |                              | I                               |                                  |                   |                     |   | ☐ Change               | ☐ Addition        |  |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | 1 -                             |   |                          |                 |                              |                                 |                                  |                   |                     |   |                        |                   |  |
| STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | l .  |                                 |   |                          | ☐ Delete        |                              |                                 |                                  | UTD TES           |                     |   | ☐ Change               | Addition          |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | !                               |   |                          |                 |                              |                                 | 404                              | 404 HOI           | LY RANG             | CH RD                                     |                        |                   |  |
| STREET ADDRESS CITY-ST-ZIP  TITLE    Delete   TITLE   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP  | 1  |                                 |   |                          | ☐ Delete        | TITLE                        |                                 | EUS                              | 53:1.S F1         | 32/30               |   | Change                 | ☐ Addition        |  |
| TITLE  | STREET ADDRESS   |                                 |   |                          |                 | STRE                         | ET ADDRESS                      |                                  |                   |                     |   |                        |                   |  |
| STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE CHange Addition NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  | TITLE  |                                 | ·   |                          | ☐ Delete        | TITLE                        | <u> </u>                        |                                  |                   |                     |   | ☐ Change               | ☐ Addition        |  |
| ITILE         Delete         TITLE         Change         Addition           NAME         NAME         STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP   |  |                                 |   |                          |                 |                              | I                               |                                  |                   |                     |   |                        |                   |  |
| STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  | STREET ADDRESS   |                                 |   |                          |                 |                              |                                 |                                  |                   |                     |   |                        |                   |  |
|  | STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE                   |                                 |   |                          | ☐ Delete        | CITY                         | -ST-ZIP                         |                                  |                   |                     |   | ☐ Change               | ☐ Addition        |  |
|  | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS     |                                 |   |                          | ☐ Delete        | CITY<br>TITLE<br>NAM<br>STRE | -ST-ZIP<br>E<br>E<br>ET ADDRESS |                                  |                   |                     |   | ☐ Change               | ☐ Addition        |  |

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 Daytime Phone #