

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000050930 1. Entity Name J. URBINA DRYWALL, INC.				 <div style="text-align: right;"> FILED 08-16-2005 90040 025 ***550.00 05 NOV 17 PM 4:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 5086 SE 102ND PLACE B2 BELLEVIEW FL 34420 US			Mailing Address PO BOX 771634 OCALA FL 34477 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0894989	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent URBINA, JOSE J 5086 SE 102ND PL B2 BELLEVIEW FL 34420			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Co		
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 <u><i>Jose J. Urbina</i></u> JOSE J. URBINA 08-07-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State			S.607.183(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P URBINA, JOSE J PO BOX 771634 OCALA FL 34477	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u><i>Jose J. Urbina</i></u> <small>SIGNATURE AND PRINTED OR TYPED NAME OF SIGNING OFFICER OR DIRECTOR</small>			08-07-05 (352) 572-4616 <small>Date Daytime Phone #</small>		

**J. J. LUCKEY
& CO.**

Certified Public Accountants

*Pine Grove Professional Center
4045 NW 43rd Street, Suite A
Gainesville, Florida 32606
Phone: (352) 377-7171
Fax: (352) 379-2705*

September 4, 2005

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

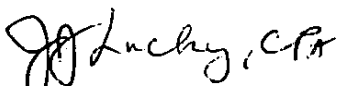
**RE: J. Urbina Drywall, Inc.
Document #P04000050930**

To Whom It May Concern:

Attached please find the corrected 2005 For Profit Corporation Annual Report for the above referenced client along with a copy of your correspondence.

Should you have any questions, please do not hesitate to contact me.

Sincerely,



J.J. Luckey, CPA

JJL:rjn
Enclosure