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Feb 08, 2005 8:00 am
Secretary of State
01-12-2005 90014 018 ***155.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000058980

1. Entity Name
RONALD CUMMINS, II, DRYWALL, INC.

Principal Place of Business	Mailing Address
5040 70TH AVENUE NORTH PINELLAS PARK, FL 33781	5040 70TH AVENUE NORTH PINELLAS PARK, FL 33781

01042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
SAME	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1921102 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRUCE G. KAUFMANN, J.D., P.A. ~~8463 PARK BLVD~~ ~~SEMINOLE, FL 33777~~	Name SAME Street Address (P.O. Box Number is Not Acceptable) 1564 Dakota Lane City Clearwater FL Zip Code 33764

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 Bruce Kaufmann, Bruce G. Kaufmann 1/7/2005
Signature, type 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	DP CUMMINS, RONALD L II 5040 70TH AVENUE NORTH PINELLAS PARK, FL 33781	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAUFMANN, BRUCE G J.D. 8463 PARK BLVD SEMINOLE, FL 33777	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P Cummins Andrea~~ ~~KAUFMANN, BRUCE G J.D.~~ ~~5040 70TH AVENUE NORTH~~ ~~PINELLAS PARK, FL 33781~~	☑ Delete	P Andrea Cummins	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Ronald L. Cummins, II 1-7-05
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR Date Daytime Phone #

727-459-7953