

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90039 044 \*\*\*158.75

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1st MOORE CR2E034 (10/04)

<b>DOCUMENT # P04000070884</b>					
1. Entity Name <b>B. B. THOMAS DRYWALL INCORPORATED</b>					
Principal Place of Business <b>7733 LAZEAU DRIVE JACKSONVILLE FL 32211</b>			Mailing Address <b>7733 LAZEAU DRIVE JACKSONVILLE FL 32211</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>11-3731178</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>THOMAS, B.B. 5959 FT. CAROLINA RD. JACKSONVILLE FL 32277</b>			7. Name and Address of New Registered Agent Name <b>B B Thomas Drywall Inc</b> Street Address (P.O. Box Number is Not Acceptable) <b>7733 LAZEAU DR</b> City <b>JACKSONVILLE</b> FL Zip Code <b>32211</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE <b>1-26-05</b>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P THOMAS, B.B.</b> <input type="checkbox"/> Delete <b>5959 FT. CAROLINA RD.</b> <b>JACKSONVILLE FL 32277</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>B.B. THOMAS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7733 LAZEAU DR</b> <b>JACKSONVILLE FL 32211</b>	
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	
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: <b>Brian Thomas</b>			<b>3-9-05</b> <b>1-84-923-9469</b> Date Daytime Phone #		