

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000073117

**FILED**  
**Apr 27, 2005**  
**Secretary of State**

**Entity Name:** LUIS HUMBERTO NUNEZ DRYWALL, INC

**Current Principal Place of Business:**

529 MAINDINE BLVD  
APOPKA, FL 32712 US

**New Principal Place of Business:**

561 MARTIN PLACE BLVD  
APOPKA, FL 32712 US

**Current Mailing Address:**

529 MAINDINE BLVD  
APOPKA, FL 32712 US

**New Mailing Address:**

PO BOX 702132  
SAINT CLOUD, FL 347702132 US

**FEI Number:** 20-1171719

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

YBARRA, JOE  
8649 FORT JEFFERSON BLVD  
ORLANDO, FL 32712 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HUMBERTO-NUNEZ, LUIS  
Address: 529 MAINDINE BLVD  
City-St-Zip: APOPKA, FL 32712 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: NUNEZ, LUIS H  
Address: PO BOX 702132  
City-St-Zip: SAINT CLOUD, FL 347702132 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS NUNEZ

P

04/27/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date