## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State **DOCUMENT # P04000075782** 05-04-2005 90129 043 \*\*\*150.00 TIGERS DRYWALL FINISHING, INC. Principal Place of Business Mailing Address 4800 WINE DENCHSON THAT MARCH THE 3. Mailing Address 2. Principal Place of Business 2281 Flan ingo are Suite, Apt. #, etc. Suite, Apt. #, etc. 04122005 CR2E034 (10/03) 4. FEI Number 56-24580 66 Applied For City & State City & State De17000 Not Applicable SAME Country \$8.75 Additional Zip Country 5. Certificate of Status Desired SANI 32725 Fee Required V01451A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHICAS, PABLO Street Address (P.O. Box Number is Not Acceptable) 4698 WIRLO BRONSON HWY KISSIMMEE, FL 34746 Zip Code 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: (NOTE: Registered Agent signature required when reinstating) ed name of registered agent and title I applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. SAMEAS ABOVE Delete ☐ Change Addition TITLE TITLE CHICAS, PABLO NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAME AS ABIVI Delete TITLE ☐ Change ☐ Addition COLLISTER MISTY NAME NAME STREET ADDRESS STREET ADDRESS MALO BRONDON INS CITY-ST-7P CITY-ST-ZIP ABOVE ☐ Delete TITLE ☐ Change ☐ Addition ПΉΕ CASTILLO, JESUŚ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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: X

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

May 04, 2005 8:00 am

Daytime Phone #