

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90027 044 ***158.75

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07032005 Chg-P CR2E034 (10/03)

4. FEI Number ~~26304-0380~~ Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DOCUMENT # P04000080676

1. Entity Name
SOUTHERN BOYS DRYWALL, INC.



Principal Place of Business Mailing Address
8323 S. YEW TERRACE 8323 S. YEW TERRACE
FLORAL CITY, FL 34436 FLORAL CITY, FL 34436

2. Principal Place of Business 3. Mailing Address
8323 S. YEW TERRACE 8323 S. YEW TERRACE
Suite, Apt. #, etc. Suite, Apt. #, etc.
FLORAL CITY FL FLORAL CITY FL
City & State City & State

Zip Country Zip Country
34436 CITRUS 34436 CITRUS

6. Name and Address of Current Registered Agent
ARMSTRONG, RONALD C
8323 S. YEW TERRACE
FLORAL CITY, FL 34436

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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.
SIGNATURE: Ronald C. Armstrong RONALD C. ARMSTRONG 67-28-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMSTRONG, RONALD C 8323 S. YEW TERRACE FLORAL CITY, FL 34436 <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	D ARMSTRONG, MYRTLE M 8323 S. YEW TERRACE FLORAL CITY, FL 34436 <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	JO BRIGMAN T JONATHAN 859 SW MARYMAC ST. NIVE OAK FL 32060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRIGMAN T JONATHAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 859 SW MARYMAC ST. NIVE OAK FL 32060
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
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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: Ronald C. Armstrong RONALD C. ARMSTRONG 352-4642636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
7-28-05