

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

05 JUL 26 AM 8:51

<b>DOCUMENT # P04000120121</b>					
<b>1. Entity Name</b> B & D DRYWALL ENTERPRISE CORP					
<b>Principal Place of Business</b> 977 CASCADES PARK TRAILS DELAND, FL 32720 US			<b>Mailing Address</b> 977 CASCADES PARK TRAILS DELAND, FL 32720 US		
<b>2. Principal Place of Business</b> 1905 W. Minn. Ave		<b>3. Mailing Address</b> 1905 W. Minn. Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Deland		<b>City &amp; State</b> Deland		<b>4. FEI Number</b> 20-1664519	
<b>Zip</b> 32720		<b>Country</b> Volusia		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> TURNER, THOMAS D PRES 977 CASCADES PARK TRAIL DELAND, FL 32720			<b>7. Name and Address of New Registered Agent</b> Name: Thomas D Turner Street Address (P.O. Box Number is Not Acceptable): 1905 W Minn. Ave City: Deland FL Zip Code: 32720		
<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.</b> SIGNATURE: <u>Thomas D. Turner Pres.</u> DATE: <u>07-21-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PRES <b>NAME</b> TURNER, THOMAS D <b>STREET ADDRESS</b> 977 CASCADES PARK TRAIL <b>CITY-ST-ZIP</b> DELAND, FL 32720	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> 1905 W. Minnesota Ave <b>CITY-ST-ZIP</b> _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SECR <b>NAME</b> TURNER, KATERINA <b>STREET ADDRESS</b> 977 CASCADES PARK TRAIL <b>CITY-ST-ZIP</b> DELAND, FL 32720	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> 1905 W. Minnesota Ave <b>CITY-ST-ZIP</b> _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> Joseph D. Turner <b>STREET ADDRESS</b> 1116 E. Minn. Ave <b>CITY-ST-ZIP</b> Deland FL 32724	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> Ron H. Chaves <b>STREET ADDRESS</b> 429 N. Blue Lake Ave <b>CITY-ST-ZIP</b> Deland FL 32720	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Thomas D. Turner Pres.</u>			Date: <u>07-21-05</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		