


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 8:00 am
Secretary of State

01-11-2005 90011 019 ***150.00

DOCUMENT # P04000130646					
1. Entity Name DAVE'S DRYWALL OF EASTERN FLORIDA, INC.					
Principal Place of Business 11712 SANDS AVE JACKSONVILLE, FL 32246			Mailing Address 11712 SANDS AVE JACKSONVILLE, FL 32246		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALMOND, DAVID L 11712 SANDS AVE JACKSONVILLE, FL 32246				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 _____ <small>Signature, typed or printed name of registered agent and title acceptable. (NOTE: Registered Agent's signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALMOND, DAVID L		NAME		
STREET ADDRESS	11712 SANDS AVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLE, JOSHUA E		NAME		
STREET ADDRESS	4503 CHARLES BENNETT DR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>David Almond</i>		DAVID ALMOND		1/7/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>David's Private</small>	

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01072005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1646691** Applied For Not Applicable

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