2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Aug 18, 2005 8:00 am Secretary of State **DOCUMENT # P04000155001** 08-18-2005 90004 019 ***163.75 BLUE DIAMOND DRYWALL INC. Principal Place of Business Mailing Address 50062303 10708 HIGH CREST COURT 10708 HIGH CREST COURT HOWEY-IN-THE-HILLS, FL 34737 HOWEY-IN-THE-HILLS, FL 34737 2. Principal Place of Business 3. Mailing Address 10708 HIGH CREST COUR Suite, Apt. #, etc. Suite, Apt. #, etc. 08042005 CR2E034 (10/03) Chq-P 4. FEI Number 20195 1125 Applied For City & State City & State Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAME CHAPMAN, JERRY W Street Address (P.O. Box Number is Not Acceptable) 10708 HIGH CREST COURT HOWEY-IN-THE-HILLS, FL 34737 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Added to Fees corporation did not receive the prior notice Due by September 7, 2005 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition CHAPMAN, JERRY F NAME NAME 10708 HIGH CREST COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP HOWEY-IN-THE-HILLS, FL 34737 Delete TITLE ☐ Change Addition BINGHAM, JACK E NAME STREET ADDRESS 1116 STONEHEM DR. STREET ADDRESS GROVELAND, FL 34737 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CATY-ST-ZIP Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITE F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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. J.F. ChAPMAN

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

352-250-2539