2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Jul 08, 2004 8:00 am
Secretary of State
07-08-2004 90099 044 ***158.75

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07022004 Chg-P CR2E034 (10/03)

DOCUMENT # P93000022110

1. Entity Name
KELLEY'S QUALITY DRYWALL, INC.

Principal Place of Business	Mailing Address
1401 SW 4TH PLACE CAPE CORAL, FL 33991	1401 SW 4TH PLACE CAPE CORAL, FL 33991

2. Principal Place of Business		3. Mailing Address	
1842 Piccadilly Cir		1842 Piccadilly Cir	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Cape Coral FL		City & State: Cape Coral FL	
Zip: 33991	Country: USA	Zip: 33991	Country: USA

4. FEI Number: 65-0397932 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KELLEY, TERRANCE D
1401 SW 4TH PL
CAPE CORAL, FL 33991

7. Name and Address of New Registered Agent

Name: Terrance D Kelley
Street Address (P.O. Box Number is Not Acceptable): 1842 Piccadilly Cir
City: Cape Coral FL Zip Code: 33991

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: Terrance D Kelley DATE: 7-6-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	KELLEY, TERRANCE D		NAME	Kelley, Terrance D	
STREET ADDRESS	1401 SW 4TH PL		STREET ADDRESS	1842 Piccadilly Cir	
CITY-ST-ZIP	CAPE CORAL, FL 33991		CITY-ST-ZIP	Cape Coral FL 33991	
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BECKER, JAMES		NAME		
STREET ADDRESS	26881 PIVA CT		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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		

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: Terrance D Kelley 7-6-04 239-283-8303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #