
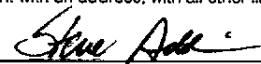
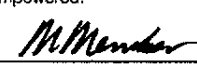


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000085396		
1. Entity Name ADDISON DRYWALL, INC.		
Principal Place of Business 8867 ROBWIN STREET HOBE SOUND, FL 33455 US		Mailing Address P.O. BOX 1825 HOBE SOUND, FL 33475 US
DO NOT WRITE IN THIS SPACE		
4. FEI Number 65-0465106		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
ADDISON, STEPHEN D 8867 ROBWIN STREET HOBE SOUND, FL 33455		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ADDISON, STEPHEN D SR 13625 SE POWERLINE AVE HOBE SOUND, FL 33455	DO NOT WRITE IN THIS SPACE U000000197687 01/27/05-80022-002 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ADDISON, STEPHEN D SR 13625 SE POWERLINE AVE HOBE SOUND, FL 33455	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ADDISON, STEPHEN D SR. 8824 SE BAHAMA CIR HOBE SOUND, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS ADDISON, SHARON 13625 SE POWERLINE AVE HOBE SOUND, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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)(f), 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:  		1/25/05 772-546-6539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #