

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90037 011 \*\*\*150.00

**DOCUMENT # P94000022606**

1. Entity Name  
**DRYWALL DOCTORS, INC.**



Principal Place of Business  
2085 FLAMINGO BLVD.  
6R-22  
BRADENTON, FL 34207

Mailing Address  
2085 FLAMINGO BLVD.  
6R-22  
BRADENTON, FL 34207

2. Principal Place of Business

**3600 LAKE BAYSHORE DR**

3. Mailing Address

**3600 LAKE BAYSHORE DR**

Suite, Apt. #, etc.  
**16R-202**

Suite, Apt. #, etc.  
**16R-202**

02092004

Chg-P

CR2E034 (10/03)

City & State  
**BRADENTON FL**

City & State  
**BRADENTON FL**

4. FEI Number  
**65-0550439**

Applied For  
☐ Not Applicable

Zip  
**34205**

Country  
**MANATEE**

Zip  
**34205**

Country  
**MANATEE**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

5. Name and Address of Current Registered Agent

MORRIS, DAVID E.  
2085 FLAMINGO BLVD  
6R-22  
BRADENTON, FL 34207

7. Name and Address of New Registered Agent

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

**David E. Morris**

**David E. Morris**

**3-7-04**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **MORRIS, DAVID E**  
STREET ADDRESS **2085 FLAMINGO BLVD**  
CITY-ST-ZIP **BRADENTON, FL 34207**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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)(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:

**David E. Morris**

**DAVID E. MORRIS**

**3-7-04 941-755-7386**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #