

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91281 039 ***158.75

DOCUMENT # P94000044700

1. Entity Name
RANDY SEXTON DRYWALL, INC.



Principal Place of Business
**5290 SE 188TH COURT
 OCKLAWAHA FL 32179
 US**

Mailing Address
**5290 SE 188TH COURT
 OCKLAWAHA FL 32179
 US**

54042812



MOORE CR2E034 (11/03)

2. Principal Place of Business
11333 S.E. 68th Ct.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 3663
 Suite, Apt. #, etc.

City & State
BELLEVIEW, FL.

City & State
BELLEVIEW, FL.

4. FEI Number **59-3251132** Applied For
 Not Applicable

Zip **34420** Country **U.S.**

Zip **34421** Country **U.S.**

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

6. Name and Address of Current Registered Agent
SEXTON, RANDALL L
5290 SE 188TH COURT
OCKLAWAHA FL 32179

SEXTON, RANDALL L
P.O. BOX 3663
BELLEVIEW, FL.
34421

7. Name and Address of New Registered Agent

Name **RANDALL L. SEXTON**

Street Address (P.O. Box Number is Not Acceptable)
11333 S.E. 68th Ct.

City **BELLEVIEW** State **FL** Zip Code **34420**

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 **RANDALL L. SEXTON** DATE **4-22-04**

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
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEXTON, RANDALL L 5290 SE 188TH COURT OCKLAWAHA FL 32179-3478	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SEXTON, TAMMY K 5290 SE 188TH COURT OCKLAWAHA FL 32179-3478	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEXTON, RANDALL L. 11333 S.E. 68th Ct. BELLEVIEW, FL. 34420	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Randall L. Sexton** Date **4-22-04** Daytime Phone # **352-843-1992**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR