


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000002106</b> 1. Entity Name <b>COMPLETE DRYWALL SERVICE INC.</b>																																																																																																																																			
Principal Place of Business <b>16243 E. SECRETARIAT DRIVE LOXAHATCHEE FL 33470</b>				Mailing Address <b>16243 E. SECRETARIAT DRIVE LOXAHATCHEE FL 33470</b>																																																																																																																															
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.																																																																																																																															
City & State				City & State																																																																																																																															
Zip		Country		4. FEI Number <b>59-3287945</b>																																																																																																																															
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																																																																																																																															
6. Name and Address of Current Registered Agent  <b>BOROWSKI, RONALD W 16243 E. SECRETARIAT DRIVE LOXAHATCHEE FL 33470</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"> <b>PD</b>  <b>RONALD W. BOROWSKI</b>  <b>16243 E. 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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.																																																																																																																																			
<b>SIGNATURE: <i>KECIA F. BOROWSKI</i> Sec. Treasurer BOROWSKI 3/8/05 561 7536130</b>																																																																																																																																			