


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2004 08:00 AM
Secretary of State**

DOCUMENT # P95000009405 1. Entity Name A & A DRYWALL OF JACKSONVILLE, INC.		
Principal Place of Business 2334 DUNN AVENUE JACKSONVILLE, FL 32218 US		Mailing Address 2334 DUNN AVENUE JACKSONVILLE, FL 32218 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ARIAIL, WALDO W 11453 ELAINE DRIVE JACKSONVILLE, FL 32218		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		
PST	DO NOT WRITE IN THIS SPACE	
ARIAIL, CRAIG		
6570 RAMOTH DR		
JACKSONVILLE, FL 32218		
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: <u>Craig A. Ariail</u> Craig A. Ariail <u>4/22/04</u> <u>904-751-3381</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3292255	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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04/26/04-80034-015 150.00