2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000030156

FILED Mar 29, 2004 08:00 AN Secretary of State

Entity Name TELLEZ DRYWALL, INC.					
Principal Place of Business	Mailing Address		approximation of the control of the		
5243 SE 44TH CIR OCALA, FL 34480	5243 SE 44TH CIR OCALA, FL 34480				
DO NOT WE	TE IN TUIC CO	ACE	02202004 No Chg-P CR2	E034 (10/03)	
DO NOT WRITE IN THIS SI		ACE	4. FEI Number	Applied For	
			59-3308318	Not Applicable	
		40.00	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Cu	rrent Registered Agent				
TELLEZ, JOHNNY 1266 NE 12 PL OCALA, FL 34470			DO NOT WRITE IN THIS SPACE		
The above named entity submits this staten the obligations of registered agent.	nent for the purpose of changing its reg	istered office or register	red agent, or both, in the State of Florida. I a	m familiar with, and accept	
SIGNATURE Signature, typed or printed name of registere	d agent and title if applicable. (NOTE Reg	gistered Agent signature required	d when reinstading) DATE		
FILE NOW!!! FEE IS \$150.0 After May 1, 2004 Fee will be \$		· _ •	.00 May Be U0000009849 03/29/04-80042	11 2-024 150 00	
	AND DIRECTORS			<u>. 935 1,57623 1764 </u>	
TELLEZ IOUNIN		1			
NAME TELLEZ, JOHNNY		I			

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling 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 anyaddress with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
STREET ADDRESS

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

OCALA, FL 34480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-04

Daytime Phone #