. 2005 FOR PROFIT CORPORATION

FILED

. ANNUAL REPORT	Apr 25, 2005 08:00 AN
DOCUMENT # P95000030156 1. Entity Name TELLEZ DRYWALL, INC.	Secretary of State
Principal Place of Business - Mailing Address	
5243 SE 44TH CIR 5243 SE 44TH CIR	
OCALA, FL 34480 OCALA, FL 34480	
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	04152005 No Chg-P CR2E034 (10/03)
THE SPACE IN THIS SPACE)F
The second secon	4. FEI Number Applied For 59-3308318 Not Applicable
	5. Certificate of Status Desired S8.75 Additional
6. Name and Address of Current Registered Agent	Fee Required
, at mattie and Address of Christia neglistered Agent	
TELLEZ, JOHNNY 1266 NE 12 PL	DO NOT WRITE
OCALA, FL 34470	IN THIS SPACE
	IN THIS STACE
The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.	d office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept
SIGNATURE WANTED	421-05
SIGNATURE (NOTE, Registered agent and attend applicable. (NOTE, Registered	Agent signature required when reinstating) DATE
O. Floating Comparing Floating	07.00
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.	ing \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS	
TITLE P	
MAME TELLEZ, JOHNNY	
STRECT ADDRESS 5243 SE 44TH CIR CITY-ST-ZIP OCALA, FL 34480	00000000004
TITLE	04/25/05-80008-005 150.00
NAME	
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NAME	
STREET ADDRESS CHY-ST-ZIP	DO NOT WRITE
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NAME	IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS)
GITY-ST-ZIP	
TITLE	j
STREET ADDRESS	
CITY-ST-ZIP	
12. Thereby 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 attachmed with an address, with all other like empowered.	11 212
SIGNATURE:	4.2105
SIMMTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO	R Date Daytime Phone #