

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000031936

Entity Name: JACK,S STILES DRYWALL, INC.

FILED
Jan 31, 2005
Secretary of State

Current Principal Place of Business:

12515 RIVER RD.
MAKKA CITY, FL 34251

New Principal Place of Business:

Current Mailing Address:

12515 RIVER RD.
MAKKA CITY, FL 34251

New Mailing Address:

FEI Number: 59-3376777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STILES, CARMEN H
31404 SINGLETARY RD.
MAKKA CITY, FL 34251 US

Name and Address of New Registered Agent:

STILES, CARMEN H
12515 RIVER RD.
MAKKA CITY, FL 34251 US

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.

SIGNATURE: CARMEN H. STILES

01/31/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STILES, JACK E
Address: 12515 RIVER RD.
City-St-Zip: MAKKA CITY, FL 34251

Title: VP () Delete
Name: SCARBROUGH, MICHAEL VICE PR
Address: 12515 RIVER RD.
City-St-Zip: MYAKKA, FL 34251

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK E. STILES

P

01/31/2005

Electronic Signature of Signing Officer or Director

Date