


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM -
Secretary of State

DOCUMENT # P96000040099 1. Entity Name ROY HARRIS DRYWALL, INC.	
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Principal Place of Business 9207 GROUSE WAY HUDSON, FL 34669	Mailing Address 9207 GROUSE WAY HUDSON, FL 34669
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DO NOT WRITE IN THIS SPACE



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3381473	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARRIS, BRENDA 9207 GROUSE WAY HUDSON, FL 34669	DO NOT WRITE IN THIS SPACE
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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>	DATE _____
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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	000000031387 02/04/04-80147-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HARRIS, BRENDA 9207 GROUSE WAY HUDSON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERRON, JAMES M. 9207 GROUSE WAY HUDSON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STOCKTON, EARL 9207 GROUSE WAY HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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 attachment with an address, with all other like empowered.

SIGNATURE <i>Brenda Harris</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>11-28-04</i> <small>Date</small>	<i>727 868-7524</i> <small>Daytime Phone #</small>
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