


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jan 07, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P96000047342**  
1. Entity Name  
**CLASSIC DRYWALL, INC.**



Principal Place of Business      Mailing Address  
2661 OLD DIXIE HIGHWAY      2661 OLD DIXIE HIGHWAY  
KISSIMMEE, FL 34744      KISSIMMEE, FL 34744

**DO NOT WRITE IN THIS SPACE**



01032005    No Chg-P    CR2E034 (10/03)

4. FEI Number  
**59-3380429**      Applied For  
Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
  
MILWEE, PERRY  
2661 OLD DIXIE HIGHWAY  
KISSIMMEE, FL 34744

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MILWEE, PERRY
STREET ADDRESS	2661 OLD DIXIE HIGHWAY
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000174096  
01/07/05-80044-020 150.00

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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 all other like empowered.

SIGNATURE: BCM      1/3/05      407-846-2852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #