2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINCED WARE OF SIGNING OFFICER OR DIRECTOF

Apr 29, 2004 8:00 am Secretary of State **DOCUMENT # P96000050874** 04-29-2004 90334 043 ***150 00 1. Entity Name THOMAS B. WESTBERRY DRYWALL, INC. Mailing Address Principal Place of Business 2927-9TH AVE: WEST 14014198 2027 OTH AVE: WEST BRADENTON: FL 34205 BRADENTON, FL-34205 2. Principal Place of Business 3. Mailing Address 4650 SWORD FISH 4620 SUNRDFISH DRIVE Suite, Apt. #, etc. 04262004 CR2E034 (10/03) Chg-P 4. FEI Number Applied For FL BRADENTUN 65-0603449 Not Applicable \$8.75 Additional 5. Certificate of Status Desired MANATES Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WESTBERRY, THOMAS B Street Address (P.O. Box Number is Not Acceptable) 2027 OTH AVE WEST BRADENTON, FL 34205 20 SWORNFISH Zip C03508 BRADENTON 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 Signature styped or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE TITLE ☐ Delete WESTBERRY, THOMAS B NAME NAME 4620 SWORDFISH DRIVE BRADENION FL 34208 1608 83RD ST: NWT STREET ADDRESS STREET ADDRESS BRADENTON: FL 34209 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition WESTBERRY, CHRISTOPHER NAME NAME STREET ADDRESS 304 34TH ST W STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-ZIP Delete ___ Change__ TITLE WESTBERRY, RICHARD G NAME NAME 5616 43RD AVE. E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34208 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2iP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. SOM AS WESTBERRY

FILED

Davtime Phone #