

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000066075

1. Entity Name
ANTONIO DRYWALL, INC.



Principal Place of Business
1327 COLORADO STREET
TALLAHASSEE, FL 32304

Mailing Address
1327 COLORADO STREET
TALLAHASSEE, FL 32304

FILED

05 APR 29 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1181093

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TEJADA, ANTONIO
1327 COLORADO STREET
TALLAHASSEE, FL 32304

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

Antonio Tejada

Antonio Tejada, PTD

4/29/05

Signature, typed or printed name of registered agent and title if applicable.

(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	PTD
NAME	TEJADA, ANTONIO
STREET ADDRESS	1311 DAWSON ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	V
NAME	TEJADA, SIFREDO
STREET ADDRESS	1304 SOUTHERN DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/06/05--01010--002 **150.00

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:

Antonio Tejada

PTD Antonio Tejada

4/29/05

850-510-4485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/29/05