

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000030012

1. Entity Name
R N R DRYWALL, INC.



FILED
Apr 25, 2005 08:00 AM
Secretary of State

Principal Place of Business
201 NE 10TH STREET
OKEECHOBEE, FL 34972

Mailing Address
201 NE 10TH STREET
OKEECHOBEE, FL 34972



04102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0753411

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

REDIKER, MELINDA
201 NE 10TH STREET
OKEECHOBEE, FL 34972

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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

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

000000327475
04/25/05-80039-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	REDIKER, MELINDA
STREET ADDRESS	201 NE 10TH STREET
CITY - ST - ZIP	OKEECHOBEE, FL 34972
TITLE	DVP
NAME	REDIKER, JACKIE
STREET ADDRESS	201 NE 10TH STREET
CITY - ST - ZIP	OKEECHOBEE, FL 34972
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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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: Melinda Rediker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2005
Date

863
467-1879
Daytime Phone #