2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000067081

Name:

Address:

City-St-Zip:

PAGETT, EDDIE

2970 LAKESIDE DR

ORANGE PARK, FL 32073

FILED Apr 13, 2004 Secretary of State

						· · · · · · · · · · · · · · · · ·	_
Entity Nar	ne: DRYWA	LL SYSTEMS,	INC.				
Current Principal Place of Business:				New Principal Place of Business:			
	HARBOR DF VILLE, FL 32						
Current Mailing Address:				New Mailing Address:			
	HARBOR DF VILLE, FL 32						
FEI Number:	59-3460978	FEI Number	Applied For()	FEI Number Not A	pplicable ()	Certificate of Status Desired	d()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
	/ILLIAM HARBOR DF VILLE, FL 32						
	named entity of Florida.	submits this s	atement for the pu	urpose of changir	ıg its register	red office or registered agent, o	or both,
SIGNATUR	RE:						
	Electro	nic Signature o	f Registered Age	nt		Date	
Election Car	npaign Financii	ng Trust Fund Co	ntribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P (RAMEY, WILL 3135 ASH HAI JACKSONVILI	RBOR DR. E.		Title: Name: Address: City-St-Zi	p:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (RAMEY, CLIF 11002 LIPPIZ JACKSONVILI	AN DR.		Title: Name: Address: City-St-Zi	1940-1FC	(X) Change () Addition CLIFFORD PREST BLVD WILLE, FL 32246	
Title:	VPC () Delete		Title:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM RAMEY P 04/13/2004