2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000073884

1. Entity Name
HERCULES DRYWALL, INC.

Principal Place of Business	Mailing Address
4252 HUDNALL RD JACKSONVILLE, FL 32207	4252 HUDNALL RD JACKSONVILLE, FL 32207

04282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. # (if any)	Suite, Apt. # (if any)
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
59-3485399
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ADAMS, MICHEALYN C ~~4112 3RD STE 7~~ 1139 Hamlet Court NEPTUNE BEACH, FL 32266	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
(Typed or printed name of person signing) (Title if applicable) (Date)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS	11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11
Title P Name ROSAS, RAFAEL G Street Address 4252 HUDNALL RD City-State-Zip JACKSONVILLE, FL 32207 ☐ Delete	☐ Change ☐ Add/Dr 11 000314523A $ 150.00
Title Name Street Address City-State-Zip ☐ Delete	☐ Change ☐ Add/Dr
Title Name Street Address City-State-Zip ☐ Delete	☐ Change ☐ Add/Dr
Title Name Street Address City-State-Zip ☐ Delete	☐ Change ☐ Add/Dr
Title Name Street Address City-State-Zip ☐ Delete	☐ Change ☐ Add/Dr
Title Name Street Address City-State-Zip ☐ Delete	☐ Change ☐ Add/Dr

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 added, or deleted.

SIGNATURE: Rafael Rosas 4/28/04 904-247-8321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)