


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90061 012 ***158.75

DOCUMENT # P97000095430
 1. Entity Name
F.G. DRYWALL CONSTRUCTION, INC.



Principal Place of Business Mailing Address
P O BOX 1106 MASCOTTE FL 34753 US **P O BOX 1106 MASCOTTE FL 34753 US**

94019189



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
14651 Greater Pines Blvd **P.O. Box 120397**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Clermont, Fl. **Clermont, Fl.**
 Zip Country Zip Country
34711 U.S.A **34712 U.S.A**

4. FEI Number **59-3480428** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JORDAN, EDWARD P II
13543 EAST HWY. 50
CLERMONT FL 34711

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE D Delete <input type="checkbox"/>	NAME GUADAMOZ, FRANCISCO STREET ADDRESS 8178 ST ALBANS DR CITY-ST-ZIP ORLANDO FL 32835
TITLE S Delete <input type="checkbox"/>	NAME GUADAMUZ, INES STREET ADDRESS 8175 ST ALBANS DR CITY-ST-ZIP ORLANDO FL 32835
TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP
TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP
TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP
TITLE Delete <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME Francisco Guadamuz STREET ADDRESS 14651 Greater Pines Blvd CITY-ST-ZIP Clermont Fl. 34711
TITLE S Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME Ines Guadamuz STREET ADDRESS 14651 Greater Pines Blvd CITY-ST-ZIP Clermont Fl. 34711
TITLE Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP
TITLE Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP
TITLE Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP
TITLE Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME STREET ADDRESS 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.

SIGNATURE:  DATE: **02-17-04** 407-697-9506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #