


**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  **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Francisco Guadamuz	
STREET ADDRESS	14651 Greater Pines Blvd	
CITY-ST-ZIP	Clermont Fl. 34711	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ines Guadamuz	
STREET ADDRESS	14651 Greater Pines Blvd	
CITY-ST-ZIP	Clermont Fl. 34711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 #