## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with

SIGNATURE:

## Feb 23, 2004 8:00 am Secretary of State **DOCUMENT # P97000095430** 1. Entity Name 02-23-2004 90061 012 \*\*\*158.75 F.G. DRYWALL CONSTRUCTION, INC. Principal Place of Business Mailing Address P O BOX 1106 MASCOTTE FL 34753 P O BOX 1106 94019189 MASCOTTE FL 34753 2. Principal Place of Business Mailing Address 14651 Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Çity & State City & State 4. FEI Number Applied For 59-3480428 lerm Not Applicable e (MO Zip \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JORDAN, EDWARD P II Street Address (P.O. Box Number is Not Acceptable) 13543 EAST HWY. 50 CLERMONT FL 34711 Zip Code FI 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change Change TITLE D ☐ Delete TITLE Addition GUADAMOZ, FRANCISCO NAME NAME 8178 ST ALBANS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32835 CITY-ST-ZIP TITLE ☐ Detete TITLE GUADAMUZ, INES NAME 8175 ST ALBANS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32835 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP 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

FILED