


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90152 023 \*\*\*150.00

<b>DOCUMENT # P97000106457</b> 1. Entity Name <b>WAYNE &amp; ANN HODGES DRYWALL INC.</b>					
Principal Place of Business <b>14793 TRIPLE D. LANE HILLIARD, FL 32046</b>			Mailing Address <b>14793 TRIPLE D. LANE HILLIARD, FL 32046</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number <b>59-3476877</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HODGES, WAYNE D RT 2 BOX 4040 HILLIARD, FL 32046</b>			7. Name and Address of New Registered Agent Name <b>WAYNE HODGES</b> Street Address (P.O. Box Number is Not Acceptable) <b>14793 TRIPLE D LANE</b> City <b>HILLIARD</b> <b>FL</b> Zip Code <b>32046</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HODGES, WAYNE D. <input type="checkbox"/> Delete RT 2 BOX 4040 CONNER RD HILLIARD, FL 32046		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAYNE D HODGES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14793 TRIPLE D LANE HILLIARD FL 32046	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HODGES, ANN <input type="checkbox"/> Delete RT 2 BOX 4040 CONNER RD HILLIARD, FL 32046		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANN HODGES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14793 TRIPLE D LANE HILLIARD FL 32046	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Ann Hodges</u> <u>Ann Hodges</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4-8-05</u> <u>904-879-4856</u> <small>Daytime Phone #</small>		

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