FILED
05 AUG 29 AM 9:10
TALLAHASSEE, FLORIDA

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000014169

1. Entity Name
G. M. DRYWALL, INC.

Principal Place of Business	Mailing Address
~~48 PENNSYLVANIA AVE~~ ~~OSPREY, FL 34229~~	~~48 PENNSYLVANIA AVE~~ ~~OSPREY, FL 34229~~

08252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8034 Trionfo Avenue	8034 Trionfo Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Port, Florida	City & State: North Port, Florida
Zip: 34287 Country: Sarasota	Zip: 34287 Country: Sarasota

4. FEI Number: 59-0809948 ☐ 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
~~GOLDSMITH, STANLEY A~~ ~~1005 MAIN STREET STE 1001~~ ~~SARASOTA, FL 34236~~	Name: Kim Nelson Street Address (P.O. Box Number is Not Acceptable): 8034 Trionfo Avenue City: North Port FL Zip Code: 34287

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: x Kim Nelson (Director/Asst. Sec.) x 8/24/05
Signature, typed or printed name of registered agent and title if applicable (FOR A Registered Agent signature required when changing) DATE

Amended AR is $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCCLURE, GILBERT 48 PENNSYLVANIA AVE OSPREY, FL 34229	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~AGAT~~ ~~MCCLURE, GILBERT~~ ~~48 PENNSYLVANIA AVE~~ ~~OSPREY, FL 34229~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAS Kim Nelson 8034 Trionfo Avenue North Port, FL 34287 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OST MCCLURE, CHARLES T 48 PENNSYLVANIA AVE OSPREY, FL 34229	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400059199114 08/31/05--01067--004 **70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ROSSEN, SCOTT M 5543 PALMER BLVD SARASOTA, FL 34232	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robert Nelson 8034 Trionfo Avenue North Port, Florida 34287 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: x Kim Nelson x 8/24/05 x 941-423-8545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

M. Williams AUG 29 2005