

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90145 023 ***150.00

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1. Entity Name

ISLAND DRYWALL, INC.

Principal Place of Business

P.O. BOX 1344
SEBASTIAN FL 32978

Mailing Address

P.O. BOX 1344
SEBASTIAN FL 32978

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number **59-3524361**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIER, TONY
1343 CLEARBROOK STREET
SEBASTIAN FL 32958

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 P ☐ Delete
NAME GRIER, TONYE
STREET ADDRESS 1343 CLEARBROOK STREET
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE S ☐ Delete
NAME GRIER, PATRICE K
STREET ADDRESS 1343 CLEARBROOK STREET
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE V ☐ Delete
NAME GRIER, VALERIE
STREET ADDRESS 1343 CLEARBROOK STREET
CITY-ST-ZIP SEBASTIAN FL 32458

TITLE D ☒ Delete
NAME HAYNES, DAVID L
STREET ADDRESS 802 MAJESTIC ST
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE D ☒ Delete
NAME HAYNES, ALMA L
STREET ADDRESS 802 MAJESTIC STREET
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Valerie Grier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05
Date

772-589-4103
Daytime Phone #