


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004, 08:00 AM
Secretary of State

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| DOCUMENT # P98000066705 |  |
| 1. Entity Name MICHAEL EADY DRYWALL, INC. | |

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| Principal Place of Business 2750 SCARWIN LANE JACKSONVILLE, FL 32226 | Mailing Address 2750 SCARWIN LANE JACKSONVILLE, FL 32226 |
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DO NOT WRITE IN THIS SPACE



01222004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3535209 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent EADY, MICHAEL 2750 SCARWIN LANE JACKSONVILLE, FL 32226 | DO NOT WRITE IN THIS SPACE |
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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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000104391 04/06/04-80008-023 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P EADY, MICHAEL 2750 SCARWIN LANE JACKSONVILLE, FL 32226 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S EADY, BARBARA 2750 SCARWIN LANE JACKSONVILLE, FL 32226 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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.

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|---|-------------------------|------------------------|--|
| SIGNATURE: <i>Michael Eady</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | MICHAEL EADY | 1-22-04 Date | 1-904-317-4784 Daytime Phone # |
|---|-------------------------|------------------------|--|