


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90021 008 ***150.00

DOCUMENT # P98000069822					
1. Entity Name RICHARD STONECIPHER DRYWALL, INC.					
Principal Place of Business 3415 TAMARIND DR. EDGEWATER, FL 32141			Mailing Address 3415 TAMARIND DR. EDGEWATER, FL 32141		
2. Principal Place of Business 717 LIVE OAK STREET Suite, Apt. #, etc.			3. Mailing Address 717 LIVE OAK STREET Suite, Apt. #, etc.		
City & State New Smyrna Beach FL		City & State New Smyrna Beach FL		4. FEI Number 58-2813234 593548858	
Zip 32168		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STONECIPHER, RICHARD 3415 TAMARIND DR. EDGEWATER, FL 32141			7. Name and Address of New Registered Agent Name: Stonecipher, Richard Street Address (P.O. Box Number is Not Acceptable): 717 LIVE OAK STREET City: New Smyrna Beach FL Zip Code: 32168		
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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$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	D STONECIPHER, RICHARD <input type="checkbox"/> Delete 3415 TAMARIND DR. EDGEWATER, FL 32141		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stonecipher, Richard <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 717 LIVE OAK STREET NEW Smyrna Beach, FL 32168	
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	
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					