

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P98000075556**

1. Entity Name  
ALLIED DRYWALL, INC.



Principal Place of Business  
1426D SKEES RD.  
W. PALM BEACH, FL 33411

Mailing Address  
1426D SKEES RD.  
W. PALM BEACH, FL 33411

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

TREAT, JOHN B  
2470 LAKERIDGE DRIVE  
PALM CITY, FL 34990

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**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PE
NAME	TREAT, JOHN B
STREET ADDRESS	2470 LAKERIDGE DRIVE
CITY-ST-ZIP	PALM CITY, FL 34990

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** *John Treat*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/12/05*

Date

Daytime Phone #

**FILED  
Jan 14, 2005 8:00 am  
Secretary of State**

01-14-2005 90006 047 \*\*\*150.00

**J U U U U U U U**



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>52-2128259</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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