## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 28, 2004 8:00 am Secretary of State DOCUMENT # P98000083860 01-28-2004 90007 015 \*\*\*150.00 A.A.I. DRYWALL, INC. Principal Place of Business Mailing Address 2027 25TH AVE. WEST BRADENTON FL 34205 2027 25TH AVE. WEST **BRADENTON FL 34205** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 65-0864711 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IGNATOWSKI, ANDY Street Address (P.O. Box Number is Not Acceptable) 2027 25TH AVE. WEST **BRADENTON FL 34207** 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 Fiorida. 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **D**elete TITLE TITLE ☐ Change Addition IGNATOWSKI, ANDY NAME NAME STREET ADDRESS 2027 25TH AVE, WEST STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34205** CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE Change NAME IGNATOWSKI, ANDY NAME STREET ADDRESS 2027 25TH AVE. WEST STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34205** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME DAHLIN, DANIEL NAME STREET ADDRESS 933 23RD STREET W. STREET ADDRESS CITY-ST-ZIP CITY-ST-78P **BRADENTON FL 34205-4556** Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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

FILED