

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000089869

Entity Name: HEITZMAN DRYWALL, INC.

FILED  
Apr 30, 2005  
Secretary of State

**Current Principal Place of Business:**

1500 S FIRST ST  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

1500 S FIRST ST  
LAKE CITY, FL 32025

**New Mailing Address:**

FEI Number: 59-3539596      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HEITZMAN, KIM  
846 SW MAIN BLVD  
LAKE CITY, FL 32025    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: HEITZMAN, KIM  
Address: PO BOX 1046  
City-St-Zip: LAKE CITY, FL 32056

Title:      ( ) Delete  
Name:       
Address:       
City-St-Zip:     

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:       
Address:       
City-St-Zip:     

Title: VP      ( ) Change (X) Addition  
Name: HEITZMAN, WADE  
Address: PO BOX 1046  
City-St-Zip: LAKE CITY, FL 32056 US

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM HEITZMAN

P

04/30/2005

Electronic Signature of Signing Officer or Director

Date