2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000015776

Entity Name: OGLESBY DRYWALL CORPORATION

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9145 SE 151 ST LN RD., UNIT 2 10121 SW 71ST COURT SUMMERFIELD, FL 34491 OCALA, FL 34476

Current Mailing Address: New Mailing Address:

9145 SE 151 ST LN RD., UNIT 2 10121 SW 71ST COURT SUMMERFIELD, FL 34491 OCALA, FL 34476

FEI Number: 59-3552238 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

OGLESBY, ROBERT J OGLESBY, ROBERT J
10121 SW 71ST CT 10121 SW 71ST CT
OCALA, FL 34470 US OCALA, FL 34476 US

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: 04/29/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 OGLESBY, ROBERT J
 Name:
 OGLESBY, ROBERT J

 Address:
 10000 SW 73 TERRACE
 Address:
 10121 SW 71ST COURT

 City-St-Zip:
 OCALA, FL 34476
 City-St-Zip:
 OCALA, FL 34476

 Name:
 GOSSETT, JR., PIERSON D
 Name:

 Address:
 8117 SW 41ST PLACE ROAD
 Address:

 City-St-Zip:
 OCALA, FL 34481
 City-St-Zip:

Title: VP (X) Delete Title: () Change () Addition

 Name:
 ST. VINCENT, DAVID J
 Name:

 Address:
 1716 MAGNOLIA AVE.
 Address:

 City-St-Zip:
 THE VILLAGES, FL 32159
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT J OGLESBY P 04/29/2005