


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90003 009 ***150.00

DOCUMENT # P99000059744

1. Entity Name
HAANS DRYWALL, INC



Principal Place of Business Mailing Address
1601 NW 24 ST BOYNTON BEACH, FL 33436 **1601 NW 24 ST BOYNTON BEACH, FL 33436**

54067442



2. Principal Place of Business 3. Mailing Address
5795 S. 37 STREET **5795 S. 37 STREET**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
B1 **B1**

07302004 Chg-P CR2E034 (10/03)

City & State City & State
Lake Worth **Lake Worth**

4. FEI Number Applied For
65-0931088 Not Applicable

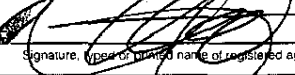
Zip Country Zip Country
33463 USA **33463 USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
OSORIO, VICTOR P
1601 NW 24 ST
BOYNTON BEACH, FL 33436

7. Name and Address of New Registered Agent
 Name **VICTOR P. OSORIO**
 Street Address (P.O. Box Number is Not Acceptable)
595 S. 37 STREET
 City **Lake Worth** FL Zip Code **33463**

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:  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	OSORIO, VICTOR P	
STREET ADDRESS	1601 NW 24 ST 595 S 37 STREET	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436 Lake Worth, 33463	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	OSORIO, PATRICIO	
STREET ADDRESS	1601 NW 24 ST 595 S 37 STREET	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436 Lake Worth 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **7/30/04**
 SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #