

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # V00004

1. Entity Name

SUNCOAST DRYWALL OF TALLAHASSEE, INCORPORATED



Principal Place of Business

5312 CORWIN DR.
TALLAHASSEE FL 32303

Mailing Address

5312 CORWIN DR
TALLAHASSEE FL 32303

2. Principal Place of Business

4405 WIDGEON WAY
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

Zip

32303

Country

USA

Zip

Country

4. FEI Number

59-3098795

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

2nd MOORE

CR2E034 (5/05)

FILE
05 SEP -1 3:48



6. Name and Address of Current Registered Agent

STANFILL, RICKY
4405 WIDGEON WAY
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 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 \$550.00

DUE BY September 7, 2005

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME STANFILL, LARRY
STREET ADDRESS 5312 CORWIN DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE VSD ☐ Delete
NAME STANFILL, RICKY
STREET ADDRESS 5312 CORWIN DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700059385047
CITY-ST-ZIP 09/07/05--01023--004 **\$550.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-31-05

Date

850-251-4418

Daytime Phone #