

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V06831

FILED
May 01, 2004
Secretary of State

Entity Name: S.A.M. DRYWALL INC.

Current Principal Place of Business:

15800 BROTHERS DR #8
FORT MYERS, FL 33912 US

New Principal Place of Business:

5600 ZIP DRIVE
FORT MYERS, FL 33905 US

Current Mailing Address:

15800 BROTHERS DR #8
FORT MYERS, FL 339122200 US

New Mailing Address:

5600 ZIP DRIVE
FORT MYERS, FL 33905 US

FEI Number: 65-0308476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PITKIN, JERALD R ESQ.
801 ANCHOR RODE DRIVE
SUITE 203
NAPLES, FL 34103

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: VP () Delete
Name: LEGAULT, YVES
Address: 3364-11TH AVE SW
City-St-Zip: NAPLES, FL 34117

Title: PST () Delete
Name: BURNES, LARRY
Address: 18246 SYCAMORE RD
City-St-Zip: FORT MYERS, FL 339123179

Title: D () Delete
Name: BURNES, LARRY
Address: 18246 SYCAMORE RD
City-St-Zip: FORT MYERS, FL 339123179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: LEGAULT, YVES
Address: 5600 ZIP DRIVE
City-St-Zip: FORT MYERS, FL 33905

Title: PST (X) Change () Addition
Name: BURNES, LARRY
Address: 5600 ZIP DRIVE
City-St-Zip: FORT MYERS, FL 33905

Title: D (X) Change () Addition
Name: BURNES, LARRY
Address: 5600 ZIP DRIVE
City-St-Zip: FORT MYERS, FL 33905

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: LARRY BURNES

PST

05/01/2004

Electronic Signature of Signing Officer or Director

Date