

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V71466

FILED  
Jan 05, 2004  
Secretary of State

Entity Name: FOUR SEASONS DRYWALL, INC.

## Current Principal Place of Business:

8316 N HABANA AVE  
TAMPA, FL 33614

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 7894  
TAMPA, FL 336737894

## New Mailing Address:

FEI Number: 59-3146952

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GILLELAND, DAVID R  
8316 N HABANA AVE  
TAMPA, FL 33614 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: DP ( ) Delete  
Name: GILLELAND, DAVID R  
Address: PO BOX 7894 N/A  
City-St-Zip: TAMPA, FL 336737894

Title: V ( ) Delete  
Name: CARDELLA, JAMES  
Address: 8621 MULBERRY ST  
City-St-Zip: TAMPA, FL 33613

Title: S ( ) Delete  
Name: NIXON, GEORGE JR  
Address: 917 HOLLY SHORE DR  
City-St-Zip: LUTZ, FL 33549

Title: V ( ) Delete  
Name: LOCKLER, JAY H  
Address: 2706 MIDTIMES DR  
City-St-Zip: TAMPA, FL 33618

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition  
Name: NIXON, GEORGE JR  
Address: P.O.BOX 7894  
City-St-Zip: TAMPA, FL 33673

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: DAVID GILLELAND

PRES

01/05/2004

Electronic Signature of Signing Officer or Director

Date