

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90038 009 ***158.75

DOCUMENT # G18411

1. Entity Name
 MAC DRYWALL, INC.



Principal Place of Business
 22212 ST. RD. 40
 P.O. BOX 899
 ASTOR, FL 32102

Mailing Address
 P.O. BOX 350310
 GRAND ISLAND, FL 32735

40017342



2. Principal Place of Business

4496 Bermuda Dr.

3. Mailing Address

4496 Bermuda Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072005 Chg-P CR2E034 (10/03)

City & State

HERNANDO BEACH, FL.

City & State

HERNANDO BEACH, FL.

4. FEI Number

59-2251531

Zip

Country

34607

USA

Zip

Country

34607

USA.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCMINN, KURON
 22212 ST RD 40
 ASTOR, FL 32102

7. Name and Address of New Registered Agent

Name: MCMINN, KURON

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

4496 Bermuda Dr.

City: HERNANDO BEACH, FL Zip Code: 34607

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

Signatures should be printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	MCMINN, KURON	
STREET ADDRESS	PO BOX 899 N/A	
CITY-STATE-ZIP	ASTOR, FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	PRESIDENT/SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	KURON MCMINN - MAC DRYWALL INC.	
STREET ADDRESS	4496 Bermuda Dr.	
CITY-STATE-ZIP	HERNANDO BEACH, FL 34607	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1:9.0713(n), 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. I am the 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 11 or 12, changed or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kuron MCMINN* KURON MCMINN. 2-10-05 352-596-9507