


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90052 043 ***150.00

DOCUMENT # P03000083275

1. Entity Name
MAC DRYWALL I, INC.



Principal Place of Business
**23748 S.R. 40
 ASTOR, FL 32102**

Mailing Address
**23748 S.R. 40
 ASTOR, FL 32102**

2. Principal Place of Business
MAC Drywall I, inc

3. Mailing Address
P.O. Box 1977

Suite, Apt. #, etc.
2350 Old Dixie Hwy

City & State
FT. Pierce FL.

City & State
FT. Pierce, FL

Zip
34946

Country
St. Lucie

Zip
34954

Country
St. Lucie



02252005 Chg-P CR2E034 (10/03)

4. FEI Number
06-1706367

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MCMINN, JOHN M
 23748 S.R. 40
 ASTOR, FL 32102**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	MCMINN, JOHN M 23748 S.R. 40 ASTOR, FL 32102	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	MCMINN, JOHN M P.O. Box 1977 Ft. Pierce, FL 34954
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *John M. Minn* **4/5/05** **7724642301**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #