2006 FOR PROFIT CORPORATION ANNUAL REPORT FILED Jul 14, 2006 08:00 AN **DOCUMENT # H70913 Secretary of State** 1. Entity Name PATE'S DRYWALL, INC. Principal Place of Business Mailing Address 1235 E. MINNESOTA AVE. 1235 E. MINNESOTA AVE. DELAND, FL 32720-4620 US DELAND, FL 32720-4620 US 07062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2575859 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATE, NEAL DO NOT WRITE 1235 E. MINNESOTA AVE. IN THIS SPACE DELAND, FL 32720-4620 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. *U00000*570253 07/14/06-80006-007 150.00 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the

Trust Fund Contribution .

Due by September 6, 2006		Treat and comments.
10.	OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATE, NEAL 1235 E. MINNESOTA DELAND, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE	!	

DO NOT WRITE IN THIS SPACE

Added to Fees

corporation did not receive the prior notice.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #

Not Applicable