

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J13175

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: CHAMPION DRYWALL, INC.

**Current Principal Place of Business:**

11533 HAMMOCK OAKS CT  
LITHIA, FL 33547 US

**New Principal Place of Business:**

**Current Mailing Address:**

16528 NORTH DALE MABRY HWY  
TAMPA, FL 33618 US

**New Mailing Address:**

FEI Number: 59-2706701

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SANDERS, WALTER S  
16528 NORTH DALE MABRY HWY  
TAMPA, FL 33618 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: PRES ( ) Delete  
Name: LAMBERT, JOHN G  
Address: 11533 HAMMOCK OAKS COURT  
City-St-Zip: LITHIA, FL 33547

Title: VP ( ) Delete  
Name: SCHMIDT, RANDALL  
Address: 4711 STONEHOLLOW COURT  
City-St-Zip: VALRICO, FL 33594

Title: S/T ( ) Delete  
Name: LAMBERT, ELLIE  
Address: 11533 HAMMOCK OAKS COURT  
City-St-Zip: LITHIA, FL 33547

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WALTER SANDERS

P

04/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date