


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90254 049 ***150.00

DOCUMENT L89426			
1. Entity Name CHAMPION DRYWALL SERVICES, INC.			
Principal Place of Business 3902 CRESTWOOD DRIVE VALRICO, FL 33594 US		Mailing Address 16528 N DALE MABRY HWY TAMPA, FL 33618 US	
2. Principal Place of Business <i>P.O. Box 356</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Valrico, FL</i>		City & State	
Zip <i>33595</i>	Country <i>US</i>	Zip	Country
6. Name and Address of Current Registered Agent SANDERS, WALTER 16528 N DALE MABRY HWY TAMPA, FL 33618		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 <i>Walter Sanders</i>		SIGNATURE <i>Walter Sanders</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE <i>4/10/06</i>		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERT, JOHN	NAME	<i>Lambert, John</i>
STREET ADDRESS	3902 CRESTWOOD DRIVE	STREET ADDRESS	<i>11533 Hammock Oaks Court</i>
CITY-ST-ZIP	VALRICO, FL 33594	CITY-ST-ZIP	<i>Lithia, FL 33547</i>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERT, ELLIE	NAME	<i>Lambert, Ellie</i>
STREET ADDRESS	3902 CRESTWOOD DRIVE	STREET ADDRESS	<i>11533 Hammock Oaks Court</i>
CITY-ST-ZIP	VALRICO, FL 33594	CITY-ST-ZIP	<i>Lithia, Florida 33547</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.			
SIGNATURE <i>John Lambert</i>		SIGNATURE <i>John Lambert</i>	
Signature and typed or printed name of signing officer or director		Date <i>4/26/06</i>	