FILED Mar 24, 2006 8:00 am Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

							03-24-2006 9	90015 039) ***150.	00	
DOCUMENT # P0000036634 1. Entity Name JASON PRICE DRYWALL, INC.							7 • • − 56:				
Principal Place	of Business		Mailing Address	iling Address			ig #SS				
12552 TRINIT		•	•								
		2012	P.O BOX 495563								
PORT CHARLOTTE, FL 33953 PORT CHARLOTTE, FL 33949											
							in ac sir easis ac sin easis	15780 MH 1167	ANDE ING EISM		
2. Principal Pla	ce of Busic	ASS									
2. Timopartic	, co or Dags		3. Mailing Address						OHOU WILL BIND	ENT IL TREET	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02162006	Chg-P	CR2E034	4 (11/05)		
City & State			City & State			4. FEI Number	······································		Apr	lied For	
•			•			65-09998	336		Not	Applicable	
-Zip	Zip Country		Zip	Cour	ntrv			- \$	8.75 Addi	lonal	
		· · · · · ·	33949-5563	USA		5. Certificate of	Status Desired		ee Regulred		
	6 Name	and Address of Current		- 0,511	<u> </u>	7. Name and A	ddress of New R		<u>`</u> _		
			regionales rigain		Name	11 110		39.0.0.00			
PRICE, JASON						PRICE, JASON					
21519 KEN		ENUE			Street Address (P.O. Box Number is Not Acceptable)						
		, FL 33952			<u>1</u>	12552 TRINITY AVENUE					
- · · · · - · · · ·					1					ļ	
					City				7in Code		
¥						City PORT CHARLOTTE			FL Zip Code		
8. The above	named enti	y submits this statement fo	or the purpose of changin	g its registe	red office or	registered agent, or both	in the State of Flo	rida. I am fa			
		tered agent.		. .							
	\mathcal{O}^{-}	()			,	LACON DOTCE		^	2/17/0	۷.	
SIGNATURE Spristers, typed or private name of registered agent and sife if applicable. (NOTE: Registered A						JASON PRICE 02/17/06 I Agent signature required when reinstating) DATE					
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211 1	E ALOMINI	EEE 10 \$480 00	9. Election Ca	mpaign Fina	ıncing	\$5.00 May Be					
		FEE IS \$150.00 6 Fee will be \$550.				Added to Fees					
A,101 MI	., ., <u>_</u>										
10.		OFFICERS AND	DIRECTORS	11	,		HANGES TO OFF	ICERS AND	DIRECTORS		
TITLE	Р		☐ Delete	īn	LE	D,P			Change	🛚 Addilion	
NAME	PRICE, J	ASON		NA.	ME						
STREET ADDRESS	12552 TF	RINITY AVENUE		STE	REET ADDRESS						
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NAME			C Celete		ME I	DOUGLAS E. J	ONES		o.u.ga	[2]	
STREET ADDRESS	ì				reet address	12127 HUNTER					
CITY-ST-ZIP					TY-ST-ZIP						
	 						10, 10	,,,,,,		** **********************************	
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NAME				1	ME	THOMAS E. ME	NZER				
STREET ADORESS	l				REET ADDRESS	4363 NELE_ST	REET	_			
CITY-ST-ZIP	L			CI	TY-ST-ZIP	NORTH PORT,	FL 34287	<u></u>			
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NAME	1. 2.2	•			AME	The state of		1	·	ı	
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CITY-SI-ZIP] ,			1	ITY-ST-ZIP]					
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12. I hereby	certify that	he information supplied wi out or supplemental report the receiver or trustee em	th this filing does not qua	that my sign	exemptions of nature shall h	contained in Chapter 119, nave the same legal effect	riorida Statutes. as il made under	i iurther cert oath; that I a	ny mat me i im an office	or director	
of the co	rporation or	the receiver or trustee em	powered to execute this	eport as rec	uired by Ch	apter 607, Florida Statute	s; and that my nan	ne appears ir	Block 10 c	r Block 11 if	
changed	l, or on an a	ttachment with an address	with all other like empov	vered.							
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		1/-				TASON DRICE	02/17/0	i. (141 <u>-</u> 21	5→7兒7∩	