

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90020 050 ***158.75

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1. Entity Name
NORTHSTAR DRYWALL, INC.

Principal Place of Business
**PO BOX 367643
BONITA SPRINGS, FL 34136**

Mailing Address
**PO BOX 367643
BONITA SPRINGS, FL 34136**

40022125



2. Principal Place of Business

3. Mailing Address
2757 53rd Terr. SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02152006 Chg-P CR2E034 (11/05)

City & State

City & State
Naples, FL

4. FEI Number
03-0471634

Applied For
Not Applicable

Zip Country

Zip Country
34116

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EDWARDS, DIAN M
1842 40TH TERR SW
NAPLES, FL 34116**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
CULP, SAMUEL
PO BOX 367643
BONITA SPRINGS, FL 34136** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Delete

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL CULP

FEB 15, 2006

Date

Daytime Phone #

239-29-8