

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

DOCUMENT # P03000085862

1. Entity Name  
JAMES DRYWALL OF W.W., INC



05-01-2006 90728 001 \*\*\*150.00  
05-01-2006 90728 002 \*\*\*\*\*8.75

Principal Place of Business  
1050 MARLOW AVE  
SPRING HILL, FL 34606

Mailing Address  
1050 MARLOW AVE  
SPRING HILL, FL 34606

66013226



2. Principal Place of Business

1050 Marlow Ave  
Suite, Apt. #, etc.

3. Mailing Address

1050 Marlow Ave  
Suite, Apt. #, etc.

04102006 Chg-P CR2E034 (11/05)

City & State

Springhill FL  
Zip 34606 Country Honduras

City & State

Springhill FL  
Zip 34606 Country Honduras

4. FEI Number

65-1199459

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DOMBKOWSKI, JAMES  
1050 MARLOW AVE  
SPRING HILL, FL 34606

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete  
NAME DOMBKOWSKI, JAMES  
STREET ADDRESS 1050 MARLOW AVE.  
CITY-ST-ZIP SPRING HILL, FL 34606

TITLE D ☐ Delete  
NAME DOMBKOWSKI, CAROL  
STREET ADDRESS 1050 MARLOW AVE.  
CITY-ST-ZIP SPRING HILL, FL 34606

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352

650-5336