


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000134957
 1. Entity Name
CRANFORD DRYWALL, INC.



Principal Place of Business Mailing Address
 1101 SARATOGA BOULEVARD 1101 SARATOGA BOULEVARD
 JACKSONVILLE, FL 32208 US JACKSONVILLE, FL 32208 US

DO NOT WRITE IN THIS SPACE



03142006 - No Chg-P CR2E034 (11/05)
 4. FEI Number Applied For
 20-0405416 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HILL, DEBRA S
 8810 GOODBY'S EXECUTIVE DRIVE
 SUITE C
 JACKSONVILLE, FL 32217

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

UN0000534747
 05/08/06-80024-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CRANFORD, JULIA A
STREET ADDRESS	1101 SARATOGA BOULEVARD
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	VP
NAME	CRANFORD, ROCKY D
STREET ADDRESS	1101 SARATOGA BOULEVARD
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Julia Cranford Julia Cranford, President Date 04-15-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 904-924-2449