


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000150349

1. Entity Name
GONZALEZ DRYWALL & FRAMING INC.



Principal Place of Business 2323 W. PALMETTO ST TAMPA, FL 33607 US	Mailing Address 2323 W. PALMETTO ST TAMPA, FL 33607 US
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DO NOT WRITE IN THIS SPACE



03262007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0476387	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GONZALEZ, MARCELINO
 2323 W. PALMETTO ST
 TAMPA, FL 33607**

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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 _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, MARCELINO 2323 W. PALMETTO ST TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSAS, DOLORES 2323 W. PALMETTO ST TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GONZALEZ, MARCELINO 2323 W. PALMETTO ST TAMPA, FL 33607
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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: Marcelino Gonzalez  **Apr-17-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **813 9677062**