2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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Jul 17, 2006 8:00 am
Secretary of State
07-07-2006 90002 025 ***150.00

U 0021077

1st MOORE CR2E034 (10/05)

DOCUMENT # P04000029831

1. Entity Name
ANDREWS DRYWALL, INC.

Principal Place of Business	Mailing Address
1059 BUSAC AVE JACKSONVILLE FL 32205	1059 BUSAC AVE JACKSONVILLE FL 32205

2. Principal Place of Business	3. Mailing Address
1059 Busac Ave	Same
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: JAX Fla	City & State
Zip: 32205 Country: Duval	Zip Country

4. FEI Number: 20-0148324 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAYE, L.B. JR
795-C BLANDING BLVD
ORANGE PARK FL 32065

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 Gregory Andrews June 23-06
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
Make Check Payable to Florida Department of State

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	D ANDREWS, GREGORY A 1059 BUSAC AVE JACKSONVILLE FL 32205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Gregory Andrews June 23-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

66 021899

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To: Division of Corporations
Annual Reports Dept.

I Am the President of Andrews Drywall Inc. this Letter is to Explain I did ~~Not~~ Receive Any Request For Application I Had to Call And Request For Application On My own Accord when I Received this I Filled it out And Sent with 150.00 check. When I Called to Request Application I ~~Ask~~ the Examiner to Wave the Late Fee She said that it would Be done So I dont think I owe Any Late Fee. ~~Due~~ to Someone ~~Elses~~ mistake Please Contact Me And Let Me Know My Status.

Sincerely yours
Gregory A Andrews