## 2006 FOR PROFIT CORPORATION

## Mar 08, 2006 08:00 AM ANNUAL REPORT Secretary of State DOCUMENT # P04000102992 1. Entity Name J SMITH DRYWALL INC. Principal Place of Business Mailing Address 983 NORTH LILAC LOOP 983 NORTH LILAC LOOP JACKSONVILLE, FL 32259-1900 US JACKSONVILLE, FL 32259-1900 US 03042006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1340816 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent SMITH, JULIO DO NOT WRITE 983 NORTH LILAC LOOP JACKSONVILLE, FL 32259-1900 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 15 \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE LINGUM4**5**9673 NAME SMITH, JULIO 03/18/06-80043-008 150.00 STREET ADDRESS 983 NORTH LILAC LOOP CITY-ST-21P JACKSONVILLE, FL 322591900 TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-SY-78 TITLE HAME STREET ADDRESS

12. I hereby certify that the information supplied with this filting 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 appoint like sympowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIF

SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #