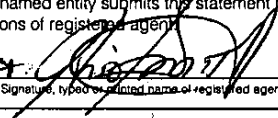
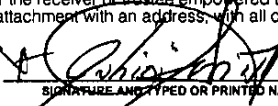


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90021 021 ***150.00

DOCUMENT # P04000102992 1. Entity Name J SMITH DRYWALL INC.					
Principal Place of Business 983 NORTH LILAC LOOP JACKSONVILLE, FL 32259-1900 US			Mailing Address 983 NORTH LILAC LOOP JACKSONVILLE, FL 32259-1900 US		
2. Principal Place of Business - No P.O. Box # 312 Sparrow Branch Circle		3. Mailing Address 312 Sparrow Branch Circle			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Jacksonville		City & State 		4. FEI Number 20-1340816	
Zip Florida		Country St. Johns		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 32259		Country U.S.A.		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SMITH, JULIO 983 NORTH LILAC LOOP JACKSONVILLE, FL 32259-1900			7. Name and Address of New Registered Agent Name Smith Julio Street Address (P.O. Box Number is Not Acceptable) 312 Sparrow Branch Circle City Jacksonville FL Zip Code 32259		
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:  DATE: 4/12/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	P SMITH, JULIO 983 NORTH LILAC LOOP JACKSONVILLE, FL 322591900	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Smith Julio 312 Sparrow Branch Circle Jacksonville, FL 32259	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 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: 			Date: 4/12/08 Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					