

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000122984

1. Entity Name
KEITH WARRICK DRYWALL, INC.



Principal Place of Business
**2690 SETTLERS COLONY BLVD
GULF BREEZE, FL 32563**

Mailing Address
**2690 SETTLERS COLONY BLVD
GULF BREEZE, FL 32563**



01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 81-0636126	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WARRICK, KEITH A
2690 SETTLERS COLONY BLVD
GULF BREEZE, FL 32563**

**DO NOT WRITE
IN THIS SPACE**

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, 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	PD
NAME	WARRICK, KEITH A
STREET ADDRESS	% 2690 SETTLERS COLONY BLVD
CITY-ST-ZIP	GULF BREEZE, FL 32563

TITLE	DST
NAME	WARRICK, LAURA S
STREET ADDRESS	% 2690 SETTLERS COLONY BLVD
CITY-ST-ZIP	GULF BREEZE, FL 32563

TITLE	VD
NAME	LANDGRAFF, KEITH
STREET ADDRESS	510 W. SUNSET AVE.
CITY-ST-ZIP	PENSACOLA, FL 32507

TITLE	VD
NAME	DINGLER, WILLIAM J
STREET ADDRESS	534 BARTOW AVE.
CITY-ST-ZIP	PENSACOLA, FL 32507

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/07/07-80065-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Keith Warrick KEITH WARRICK 1/30/07 850-934-8269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #