

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90011 016 ***150.00

DOCUMENT # P04000008725

1. Entity Name
DUANE BORGAN DRYWALL INC.



Principal Place of Business
**19 OVERSTREET DRIVE
MARY ESTHER, FL 32569**

Mailing Address
**19 OVERSTREET DRIVE
MARY ESTHER, FL 32569**

40042385

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc
City & State
Zip Country



03142007 Chg-P CR2E034 (12/06)

4. FEI Number
20-0592231

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
BORGAN, DUANE ← **CORRECT**
910 CANOPY LAKE
FORT WALTON BEACH, FL 32547 → **INCORRECT**

7. Name and Address of New Registered Agent
Name **SAME**
Street Address (P.O. Box Number is Not Acceptable)
19 OVERSTREET DR.
City **MARY ESTHER** **FL** Zip Code **32569**

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 _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BORGAN, DUANE 19 OVERSTREET DRIVE MARY ESTHER, FL 32569	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ 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: Duane Borgan **DUANE BORGAN** **3/20/07 (850) 974-6152**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #