2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0400004507

1. Entity Name

B.A. DUARTE DRYWALL, INC.



FILED Apr 20, 2007 8:00 am Secretary of State

04-20-2007 90090 028 ***150.00

Principal Place of Business

Mailing Address

3348 MAPLE TERR

PORT CHARLOTTE, FL 33952

3348 MAPLE TERR PORT CHARLOTTE, FL 33952

40073023

(P0400004507P)

DO NOT WRITE IN THIS SPACE

01282007 No Chg-P		CR2E034 (11/05)			
4. FEI Number			Applied For		
20-0598473			Not Applicable		
5. Certificate o	f Status Desired		\$8.75 Additional		

6. Name and Address of Current Registered Agent

DUARTE, BRIAN A 3348 MAPLE TERR PORT CHARLOTTE, FL 33952

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							
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PSTD DUARTE, BRIAN 3348 MAPLE TERR PORT CHARLOTTE, FL 33952	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					10. Decide Statutes I further codific that the information		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/67 Date

Daytime Phone #