

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 17, 2008 8:00 am
Secretary of State

05-22-2008 90022 026 ***150.00

DOCUMENT # P03000136987

1. Entity Name
SOSA DRYWALL, INC.



Principal Place of Business Mailing Address
8369 HOMEPORT COURT 8369 HOMEPORT COURT
JACKSONVILLE FL 32244 JACKSONVILLE FL 32244

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
SOSA-GUERRA, MARTIN
8369 HOMEPORT COURT
JACKSONVILLE FL 32244

4. FEI Number Applied For
51-0489458 ☐ Not Applicable

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

B. 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 _____
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent's signature required when not changing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	VPO SOSA' GUERRA, DANA D VPO 8369 HOMEPORT CT JACKSONVILLE FL 32244 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Martin Sosa-Guerra Pres. 6-13-8 904-573-3548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #