

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000007753

**Entity Name:** FIVE STAR DRYWALL FLORIDA, INC.

**Current Principal Place of Business:**

859 MISSIONARY DRIVE  
PITTSBURGH, PA 15236

**Current Mailing Address:**

440 VIKING DRIVE, SUITE 120  
VIRGINIA BEACH, VA 23452 US

**FEI Number: 84-4545289**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FLORIDA REGISTERED AGENT LLC  
7901 4TH STREET N  
SUITE 300  
ST. PETERSBURG, FL 33702 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            COLLINS, BILL  
Address        859 MISSIONARY DRIVE  
City-State-Zip: PITTSBURGH PA 15236

Title            S  
Name            COLLINS, BILL  
Address        859 MISSIONARY DRIVE  
City-State-Zip: PITTSBURGH PA 15236

Title            T  
Name            COLLINS, BILL  
Address        859 MISSIONARY DRIVE  
City-State-Zip: PITTSBURGH PA 15236

Title            VP  
Name            COLLINS, BILL  
Address        859 MISSIONARY DRIVE  
City-State-Zip: PITTSBURGH PA 15236

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: BILL COLLINS**

**PRESIDENT**

**01/31/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date