


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 508282
 1. Entity Name
W-M PLASTERING & DRYWALL, INC.



Principal Place of Business Mailing Address
944 COUNTRY CLUB BLVD., SUITE 103 **944 COUNTRY CLUB BLVD., SUITE 103**
CAPE CORAL, FL 33990 **CAPE CORAL, FL 33990**

DO NOT WRITE IN THIS SPACE



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1677059	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PLAZEWSKI, DAVID W.
1520 NE 33RD LN
CAPE CORAL, FL 33909

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P PLAZEWSKI, ROBERT J. 628 WILDWOOD PARKWAY CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PLAZEWSKI, DAVID 1520 NE 33RD LN CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PLAZEWSKI, MARIE 628 WILDWOOD PARKWAY CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 or without other like empowered.

SIGNATURE: *Robert J. Plazewski* 1-22-07 239-574-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #