


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90061 007 \*\*\*150.00

<b>DOCUMENT # 580618</b> 1. Entity Name FOUR STAR DRY WALL, INC.	
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Principal Place of Business 362 W. OAK FIELD ROAD PENSACOLA, FL 32503	Mailing Address 362 W. OAK FIELD ROAD PENSACOLA, FL 32503
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40024011



01272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1841939	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  LISTER, ROY 2825 MONICA LANE CANTONMENT, FL 32533
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**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LISTER, ROY L. 2825 MONICA LANE CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LISTER, JAMES E 3030 WEST MICHIGAN AVE PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LISTER, JANICE R 2825 MAINCA LN CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

*Roy Lister* Roy Lister President 2-23-07 850-476-5705