

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # F01000002645

1. Entity Name
SOUTHMOST DRYWALL, INC.



Principal Place of Business

631 N. PARK AVE
FREMONT, NE 68025

Mailing Address

631 N. PARK AVE
FREMONT, NE 68025



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number
74-2389975

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SWANBERG, ROY
1908 MONTE CARLO TRAIL
ORLANDO, FL 32805

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

000000948760
06/02/08-80067-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	MURRAY, ROBERT K
STREET ADDRESS	1274 COUNTY RD R
CITY-ST-ZIP	COLON, NE
TITLE	SD
NAME	MURRAY, SANDRA
STREET ADDRESS	1274 COUNTY RD R
CITY-ST-ZIP	COLON, NE
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 #

4/30/08 (402) 727-8681