


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 15, 2006 8:00 am**  
**Secretary of State**

08-15-2006 90005 011 \*\*\*150.00

**DOCUMENT # F01000004301**

1. Entity Name  
**DRYWALL SUPPLY FLORIDA INC.**



Principal Place of Business      Mailing Address  
**5475 QUAM AVE. NE**      **5475 QUAM AVE. NE**  
**SAINT MICHAEL, MN 55376**      **SAINT MICHAEL, MN 55376**

**50025290**



2. Principal Place of Business      3. Mailing Address  
**14235 42nd St NE**      **14235 42nd St NE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

07072006      Chg-P      CR2E034 (11/05)

City & State      City & State  
**St. Michael MN**      **St. Michael MN**  
 Zip      Country      Zip      Country  
**55376 U.S.**      **55376 U.S.**

4. FEI Number      Applied For  
**41-1933335**      Not Applicable

6. Name and Address of Current Registered Agent

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

**EDWARDS, RICK**  
**301 W MARY JESS RD.**  
**ORLANDO, FL 32809**

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

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**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	PC	<input type="checkbox"/> Delete
NAME	LAWSON, ANDREA	
STREET ADDRESS	9157 NABER AVE NE	
CITY-ST-ZIP	ESTEGO, MN 55330	
TITLE	T	<input type="checkbox"/> Delete
NAME	LAWSON, GERALD	
STREET ADDRESS	9157 NABER AVE NE	
CITY-ST-ZIP	OSTEGO, MN 55330	
TITLE	S	<input type="checkbox"/> Delete
NAME	KREY, AMY	
STREET ADDRESS	11630 LAKE TOWNE VIEW	
CITY-ST-ZIP	ALBERTVILLE, MN 55301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 *Andrea Lawson*      **Andrea Lawson**      Date **7/7/06**      Daytime Phone # **(763) 428-2280**