


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F01000004301
 1. Entity Name
 DRYWALL SUPPLY FLORIDA INC.



Principal Place of Business 14235 42ND ST NE SAINT MICHAEL, MN 55376	Mailing Address 14235 42ND ST NE SAINT MICHAEL, MN 55376
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DO NOT WRITE IN THIS SPACE



02292008 No Chg-P CR2E034 (11/05)

4. FEI Number 41-1933335	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
 EDWARDS, RICK
 301 W MARY JESS RD.
 ORLANDO, FL 32809

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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: *Richard A. [Signature]* DATE: 3/20/08
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, 2008 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	PC LAWSON, ANDREA 9157 NABER AVE NE ESTEGO, MN 55330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAWSON, GERALD 9157 NABER AVE NE OSTEGO, MN 55330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KREY, AMY 11630 LAKE TOWNE VIEW ALBERTVILLE, MN 55301
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/20/08-80110-020 150.00

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 763-428-2282 4/22/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #