

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000001141

1. Entity Name
SENTRY DRYWALL & ACOUSTICAL, INC.



Principal Place of Business
**103 4TH STREET NORTH, SUITE 203
ONEONTA, AL 35121**

Mailing Address
**103 4TH STREET NORTH, SUITE 203
ONEONTA, AL 35121**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3765001	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**CHECK MATE CREDIT & INFORMATION BUREAU
4411 BEE RIDGE ROAD, #257
SARASOTA, FL 34233**

**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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WATKINS, MICHAEL S
STREET ADDRESS	866 SPRINGVILLE BLVD
CITY-ST-ZIP	ONEONTA, AL 35121

TITLE	V
NAME	CHILDERS, LARRY R
STREET ADDRESS	202 EAST MAIN
CITY-ST-ZIP	ALBERTVILLE, AL 35950

TITLE	ST
NAME	WATKINS, SHERRI L
STREET ADDRESS	866 SPRINGVILLE BLVD
CITY-ST-ZIP	ONEONTA, AL 35121

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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**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

Shannon Watkins

1-8-08 205-274-4789

Date

Daytime Phone #