

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004347

FILED  
Apr 16, 2008  
Secretary of State

**Entity Name:** NORTHERN DEPENDABLE DRYWALL, INC.

**Current Principal Place of Business:**

7515 LOVEJOY  
BYRON, MI 48418

**New Principal Place of Business:**

**Current Mailing Address:**

1001 W. MARION  
18  
PUNTA GORDA, FL 33950

**New Mailing Address:**

**FEI Number:** 38-2772695

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOSSETT, DONNA  
1001 W. MARION, #18  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GOSSETT, DONNA  
Address: 7515 LOVEJOY  
City-St-Zip: BYRON, MI 48418

Title: V ( ) Delete  
Name: GOSSETT, KEVIN  
Address: 7515 LOVEJOY  
City-St-Zip: BYRON, MI 48418

Title: S ( ) Delete  
Name: SAMPERIO, ADAN  
Address: 1934 MARKESE  
City-St-Zip: LINCOLN PARK, MI 48146

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GOSSETT, DONNA  
Address: 1001 W. MARION #18  
City-St-Zip: PUNTA GORDA, FL 33950

Title: V (X) Change ( ) Addition  
Name: GOSSETT, KEVIN  
Address: 1001 W. MARION #18  
City-St-Zip: PUNTA GORDA, FL 33950

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA GOSSETT

PRES

04/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date