


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90121 022 ***158.75

DOCUMENT # G23752 1. Entity Name WALDO'S DRYWALL, INC.																																																																																																																													
Principal Place of Business PO BOX 682 VERO BEACH, FL 32961 US			Mailing Address 128 COUNTRY ACRES RD. WALHALLA, SC 29691																																																																																																																										
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Zip 29691		Country		Country																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div> 6. Name and Address of Current Registered Agent WALDO, JUDY F BLDG 7 VISTA GARDENS TRAILS UNIT 207 VERO BEACH, FL 32962 </div> <div> 7. Name and Address of New Registered Agent Name JAMES T GOFF Street Address (P.O. Box Number is Not Acceptable) 1940 10TH AVE STE C City VERO BEACH FL Zip Code 32960 </div> </div>																																																																																																																													
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 <u><i>Judy F. Waldo</i></u> DATE <u>1-16-06</u> <small>Signature typed or printed name of registered agent and held if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																										
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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: <u><i>Judy F. Waldo</i></u> JUDY F. WALDO <u>4-18-06</u> <u>(864) 638-8865</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													