## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # H74232** 

1. Entity Name
BILL SCOTT DRYWALL, INC.



FILED Jan 18, 2008 08:00 AM Secretary of State

Principal Place of Business

% WILLIAM H. SCOTT, JR. 3340 NW 66TH ST FT LAUDERDALE, FL 33309 Mailing Address

% WILLIAM H. SCOTT, JR. 3340 NW 66TH ST FT LAUDERDALE, FL 33309



DO NOT WRITE IN THIS SPACE

01152008 No Chg-P CR2E034 (11/05)
4 FFI Number | Applied For

59-2582301

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCOTT, WILLIAM H., JR. 3340 NW 66TH ST FT LAUDERDALE, FL 33309

## DO NOT WRITE IN THIS SPACE

					Y SEACE	Andrew Cons
	named entity submits this statement for the prions of registered agent.	urpose of changing its registers	ed office or registered	agent, or both, in the	∋ State of Florida. I am fa	miliar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and little II	Lapplicable (NOTE Registerer	d Agent signature required who	en reinstaling)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.		O May Be to Fees		1
10.	OFFICERS AND DIREC	TORS			· 1	. 747. 37. 3
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D SCOTT, DIANE 3340 NW 66TH ST FT LAUDERDALE, FL				000000789253 (22/08-80014-1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT, WILLIAM 3340 N.W. 66TH ST. FT.LAUDERDALE, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5	DO NO	OT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THI	IS SPACE	
TITLE NAME STREET ADORESS CITY-ST-ZIP				(		
TITLE '	'			•		, mar 1 -

12. I hereby certify that the information supplied with this filling 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 eath; 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:

STREET ADDRESS CITY-ST-ZIP

E AND DIFER OR PRINTED NAME O

1-16-9

954972-2076

Daytime Phone #