

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # J50547

1. Entity Name

ACKERMAN'S DRYWALL, INC.



Principal Place of Business

1312 SHERMAN AVE
TAVARES FL 32778
US

Mailing Address

315 E. MAUD ST.
TAVARES FL 32778
US



2. Principal Place of Business - No P.O. Box #

1312 Sherman
Suite, Apt. #, etc.

3. Mailing Address

315 E Maud St.
Suite, Apt. #, etc.
Tavares FL

1st MOORE

CR2E034 (10/06)

City & State

Tavares

City & State

4. FEI Number

59-2767131

Applied For

Not Applicable

Zip

32778

Country

USA

Zip

32778

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ACKERMAN, DIANE J
1312 SHERMAN AVE
TAVARES FL 32778

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Diane J Ackerman

Signature, typed or printed name of registered agent and title is applicable.

(NOTE: Registered Agent signature required when reinstating)

1-30-07

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	ACKERMAN, RICHARD J	
STREET ADDRESS	1312 SHERMAN AVE	
CITY- ST- ZIP	TAVARES FL	

TITLE	P	<input type="checkbox"/> Delete
NAME	ACKERMAN, DIANE J	
STREET ADDRESS	1312 SHERMAN AVE	
CITY- ST- ZIP	TAVARES FL	

TITLE	T	<input type="checkbox"/> Delete
NAME	TEATER, FRANKLIN C	
STREET ADDRESS	321 LANTHE ST	
CITY- ST- ZIP	TAVARES FL 32718	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000000818423	
CITY- ST- ZIP	02/08/07-80029-002 150.00	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Diane J Ackerman Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-07

Date

352-343-6960

Daytime Phone #