2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J75222

1. Entity Name

BOATRIGHT DRYWALL, INC.

US



FILED Jan 07, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

16305 SE 36TH AVENUE SUMMERFIELD, FL 34420 PO BOX 2607

BELLEVIEW, FL 34421

US



	DO	NOT	WRITE	IN THIS	SPACE
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01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2836697 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOATRIGHT, PEGGY J. 4245 SE 110TH STREET

DO NOT WRITE

BELLEVIE	W, FL 34420	IN '	THIS SPACE			
	named entity submits this statement for the purpose of changing its registerions of registered agent.	ed office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept			
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere	d Agent signature required when reinstating)	DATE			
FILE NOWIII FEE IS \$150.00 Prusi Fund Contribution Added to Fees						
10.	OFFICERS AND DIRECTORS	" '				
TITLE	PVP	•				
NAME	BOATRIGHT, RON					
STREET ADDRESS	4245 SE 110TH STREET		U00000775250			
CITY-ST-ZIP	BELLEVIEW, FL 34420		01/08/08-80023-002 150.00			
TITLE	ST	1				
NAME	BOATRIGHT, PEGGY					
STREET ADDRESS	4245 SE 110TH STREET					
CITY-ST-ZIP	BELLEVIEW, FL 34420					
TITLE		1				
NAME		•				
STREET ADDRESS		DO	NOT WRITE			
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TITLE		1 INL	THIS SPACE			
NAME		IIN	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 all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR