

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90064 010 \*\*\*150.00

**DOCUMENT # J87237**

1. Entity Name  
**B & D PLASTERING AND DRYWALL, INC.**



Principal Place of Business  
**5929-1 YOUNGQUIST ROAD  
FT. MYERS, FL 33912**

Mailing Address  
**5929-1 YOUNGQUIST ROAD  
FT. MYERS, FL 33912**

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

**B & D Plastering & Drywall Inc.**

2. Mailing Address

**B & D Plastering & Drywall Inc.**

Suite, Apt. #, etc.  
**19781 Nalle Rd**

Suite, Apt. #, etc.  
**19781 Nalle Rd**

City & State  
**N. Ft. Myers FL**

City & State  
**N. Ft. Myers FL**

Zip  
**33917**

Country  
**USA**

01072008 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-2835950**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DROUD, GLENNA C  
5929-1 YOUNGQUIST RD.  
FT. MYERS, FL 33912**

7. Name and Address of New Registered Agent

Name  
**Glenna C Droud**

Street Address (P.O. Box Number is Not Acceptable)  
**19781 Nalle Rd**

**N. Ft. Myers**

City  
**FL** Zip Code  
**33917**

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 **Glenna C. Droud**

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

(NOTE: Registered Agent signature required when reinstating)

**1-8-08**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
**PS** ☐ Delete  
NAME  
**DROUD, JOHN ROBERT II**  
STREET ADDRESS  
**19781 NALLE ROAD**  
CITY - ST - ZIP  
**NORTH FORT MYERS, FL**

TITLE  
**VT** ☐ Delete  
NAME  
**DROUD, GLENNA C**  
STREET ADDRESS  
**19781 NALLE RD.**  
CITY - ST - ZIP  
**NORTH FORT MYERS, FL**

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

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TITLE  
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CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**President** ☒ Change ☐ Addition  
NAME  
**Droud, Glenna C**  
STREET ADDRESS  
**19781 Nalle Rd.**  
CITY - ST - ZIP  
**N. Ft. Myers, FL 33917**

TITLE  
**Vice President** ☒ Change ☐ Addition  
NAME  
**Droud, Robert C**  
STREET ADDRESS  
**10941 Pioneer Rd.**  
CITY - ST - ZIP  
**N. Ft. Myers, FL 33917**

TITLE  
**Qualifer** ☐ Change ☒ Addition  
NAME  
**Droud, John R II**  
STREET ADDRESS  
**19781 Nalle Rd.**  
CITY - ST - ZIP  
**N. Ft. Myers, FL 33917**

TITLE  
☐ Change ☐ Addition  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
☐ Change ☐ Addition  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
☐ Change ☐ Addition  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
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CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
☐ Change ☐ Addition  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
☐ Change ☐ Addition  
CITY - ST - ZIP  
☐ Change ☐ Addition

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: **Glenna C. Droud**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-8-08**

DATE

**239-731-1200**

DAYTIME PHONE #