

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Aug 13, 2007  
Secretary of

DOCUMENT # K79208

1. Entity Name  
CUSTOM DRYWALL, INC.



Principal Place of Business  
C/O RONALD HALFACRE  
4912 FAUNA DR.  
MELBOURNE, FL 32934

Mailing Address  
C/O RONALD HALFACRE  
4912 FAUNA DR.  
MELBOURNE, FL 32934



08062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2941596

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HALFACRE, RONNIE E  
4912 FAUNA DR.  
MELBOURNE, FL 32934

**DO NOT WRITE  
IN THIS SPACE**

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.

000000771991  
08/13/07-80003-006 150.00

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

\* In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HALFACRE, RONNIE E.
STREET ADDRESS	4912 FAUNA DR.
CITY-ST-ZIP	MELBOURNE, FL
TITLE	S
NAME	HALFACRE, PATRICIA A
STREET ADDRESS	4912 FAUNA DR
CITY-ST-ZIP	MELBOURNE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN 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 an address, with all other like empowered.

SIGNATURE:

*Ronnie Halfacre*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-07

Date

321-255-0110

Daytime Phone #