

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # M76261

1. Entity Name

DAVID SMITH'S DRYWALL, INC.



Principal Place of Business

5417 TEAKWOOD LANE
JACKSONVILLE FL 32244
US

Mailing Address

5417 TEAKWOOD LANE
JACKSONVILLE FL 32244
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-2881149

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, DAVID
6116 JOY DRIVE WEST
JACKSONVILLE FL 32244

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

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
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME: D
SMITH, DAVID ☐ Delete
STREET ADDRESS
6116 JOY DR. WEST
CITY- ST- ZIP JACKSONVILLE FL

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

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

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

TITLE
NAME: ☐ Change ☐ Addition
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:

David Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/07
Date

904-262-7049
Daytime Phone #