


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 MAY -2 PM 5:12


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P00000035022</b> 1. Entity Name <b>PARRETT DRYWALL, INC.</b>	
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Principal Place of Business <b>648 DUKE ROAD VENICE, FL 34293</b>	Mailing Address <b>648 DUKE ROAD VENICE, FL 34293</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip      Country	City & State Zip      Country
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05022007	Chg-P	CR2E034 (12/06)
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4. FEI Number <b>65-1008276</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>  <b>PARRETT, CHARLES 648 DUKE ROAD VENICE, FL 34293</b>	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PARRETT, CHARLES W 648 DUKE RD VENICE, FL 34293	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Charles Parrett*      Date: 5-2-07      Daytime Phone #: 941 408 9314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

drywall