

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jul 13, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P00000041647**

1. Entity Name  
**KARR DRYWALL, INC.**



Principal Place of Business  
**1455 RAILHEAD BLVD #27  
NAPLES, FL 34110**

Mailing Address  
**1455 RAILHEAD BLVD #27  
NAPLES, FL 34110**



07072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1000810</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**KARR, ROEL  
1455 RAILHEAD BLVD #27  
NAPLES, FL 34110**

**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.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1000000372543  
07/13/05-80004-015 150.00**

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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 NAME STREET ADDRESS CITY - ST - ZIP	PD KARR, REGINO 1455 RAILHEAD BLVD #27 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD KARR, ROEL 1455 RAILHEAD BLVD #27 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD KARR, REYNOL G 1455 RAILHEAD BLVD #27 NAPLES, FL 34110
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 exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**07-11-05 (239) 596-9777**

Date

Daytime Phone #