2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT #	F	2000	000	81	661
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1. Entity Name

SUPREME DRYWALL & PAINTING CO., INC.



Principal Place of Business

CLEARWATER, FL 33762

Mailing Address

14605- 49TH STREET NORTH SUITE 1 14605- 49TH STREET NORTH

SUITE 1

CLEARWATER, FL 33762



DO NOT WRITE IN THIS SPACE

04112006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3674374 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEVILLE, SUSAN M 14605 - 49TH ST N STE 1 CLEARWATER, FL 33762

SIGNATURE:

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the parties of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or primed hame of registered agent and title	(applicable (NOTE. Registered	Agent signature	required when reinstating)	DATE	
	E NOWIII FEE IS \$150,00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finantifust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	r		<u> </u>	
TITLE NAME STREET ADDRESS CYTY-ST-ZP	T/S NEVILLE, SUSAN M 14805-49TH STREET NORTH STE 1 CLEARWATER, FL 33762				<i>U00000555822</i> 05/16/06-80052 -0 16 150 .0 0	
TITLE MAME STREET ADDRESS CITY-ST-ZIP	P NEVILLE, STEPHEN R 14605-49TH STREET NORTH STE 1 CLEARWATER, FL 33762					
DTLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
title Name Street adoress City-St-Zip				IN T	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					are to the	
12. I hereby certify that the information supplied with this filtro does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report or propignental recipit is trige 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 comporation or the processor or trustee simpowings 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 addless, with all other like empowered.						

TED NAME OF SIGNING OFFICER OR DIRECTOR