2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000081661

1. Entity Name
SUPREME DRYWALL & PAINTING CO., INC.

Principal Place of Business	Mailing Address
14605- 49TH STREET NORTH SUITE 1 CLEARWATER, FL 33762	14605- 49TH STREET NORTH SUITE 1 CLEARWATER, FL 33762

DO NOT WRITE IN THIS SPACE

04182008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3674374	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

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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
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000909886
05/06/08-80085-019 150.00

10. OFFICERS AND DIRECTORS	
TITLE	T/S
NAME	NEVILLE, SUSAN M
STREET ADDRESS	14605-49TH STREET NORTH STE 1
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	P
NAME	NEVILLE, STEPHEN R
STREET ADDRESS	14605-49TH STREET NORTH STE 1
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: 4/18/2008   7275360976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #