

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000108082

Entity Name
GULF SHORE DRYWALL INC.



Principal Place of Business
443 INTERSTATE COURT
SARASOTA, FL 34240

Mailing Address
443 INTERSTATE COURT
SARASOTA, FL 34240



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1055605	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELTY, NATHAN
443 INTERSTATE COURT
SARASOTA, FL 34240

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IN THIS SPACE**

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 (if applicable, (NOTE: Registered Agent signature required when reappointing))

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

1000000396752
01/30/06-80021-019 150.00

OFFICERS AND DIRECTORS

NAME	DP KELTY, NATHAN
STREET ADDRESS	1044 MEADOW BREEZE LANE
CITY-STATE-ZIP	SARASOTA, FL 34240
NAME	DV KELTY, CAROLE
STREET ADDRESS	1044 MEADOW BREEZE LANE
CITY-STATE-ZIP	SARASOTA, FL 34240
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/06 941-923-6630