2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P00000108082

1. Entity Name

GULFSHORE DRYWALL INC.

Principal Place of Business

6341 PORTER RD

UNIT 4 SARASOTA, FL 34240 Mailing Address

6341 PORTER RD UNIT 4

SARASOTA, FL 34240

FILED Feb 04, 2008 08:00 Al Secretary of State



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6. Name and Address of Current Registered Agent

CR2E034 (11/05) 01172008 No Chg-P

4. FEI Number 65-1055605

Not Applicable

Applied For

\$8.75 Additional 5. Certificate of Status Desired Fee Required

KELTY, NATHAN 6341 PORTER RD UNIT 4 SARASOTA, FL 34240 DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its reg	gistered office or r	registered agent, or b	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title it	f applicable. (NOTE: Re	egislered Agent signaturi	a required when reinstating)	DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KELTY, NATHAN 1044 MEADOW BREEZE LANE SARASOTA, FL 34240				11222224 4222		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KELTY, CAROLE 1044 MEADOW BREEZE LANE SARASOTA, FL 34240				000000814738 02/13/08-80055-017 150.00		
NAME STREET ADDRESS CITY-ST-ZIP				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				İN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME							

12. I hereby certify that the information supplifindicated on this report or supplemental of the corporation or the receiver of trust changed, or on an attachment with an application. with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes I further certify that the information it 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP