

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90398 024 \*\*\*150.00

**DOCUMENT # P01000021053**

1. Entity Name

ERIC WALKER DRYWALL, INC.



Principal Place of Business

2604 TAMARIND DRIVE  
EDGEWATER, FL 32141 US

Mailing Address

2428 S MAPLE AVE  
SANFORD, FL 32771

**DO NOT WRITE IN THIS SPACE**



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3703904

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEVORE, ROSA  
2428 S MAPLE AVE  
SANFORD, FL 32771

**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 fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT  
NAME WALKER, MICHAEL E  
STREET ADDRESS 2604 TAMARIND DRIVE  
CITY-ST-ZIP EDGEWATER, FL 32141

TITLE V  
NAME RIZZA, SEBASTIAN  
STREET ADDRESS 3411 TAMARIND DRIVE  
CITY-ST-ZIP EDGEWATER, FL 32141

TITLE S  
NAME DELEON, DAVID  
STREET ADDRESS 1703 PALMETTO ST  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07

Date

386-690-9779

Daytime Phone #