

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

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**



04292008 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

DO NOT WRITE IN THIS SPACE

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 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

U00000938586
05/27/08-80093-020 150.00

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	

**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

Date

Daytime Phone #

4-28-07

386 690 9779