## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000046439

Entity Name: FANTASY DRYWALL, INC.

**FILED** Apr 15, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 135 ARBOR LN 139 ARBOR LN EDGEWATER, FL 32141 EDGEWATER, FL 32141 **Current Mailing Address: New Mailing Address:** P.O.BOX 861 EDGEWATER, FL 32132 FEI Number: 59-3719468 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SAVY, BENJAMIN 25 PIŃE CONE DRIVE

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ( ).

US

## **OFFICERS AND DIRECTORS:**

PALM COAST, FL 32164

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition STEWART, RANDY STEWART, RANDY Name: Name:

P O BOX 861 P O BOX 861 Address: Address: City-St-Zip: MIAMI, FL 33132 City-St-Zip: EDGEWATER, FL 33132

Title: Title: () Delete () Change () Addition

STEWART, CAROL Name: Name: PO BOX 861 Address: Address: EDGEWATER, FL 32132 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL A. STEWART S 04/15/2009