

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90046 048 ***150.00

DOCUMENT # P01000071316 1. Entity Name M T DRYWALL, INC.					
Principal Place of Business 2665 GREENDALE CT PALM HARBOR, FL 34684			Mailing Address 2665 GREENDALE CT PALM HARBOR, FL 34684		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3732609				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GEORGE G. PAPPAS, P.A. 901 N. HERCULES AVE. STE C CLEARWATER, FL 33765			7. Name and Address of New Registered Agent Name TOMA MONDI Street Address (P.O. Box Number is Not Acceptable) 2665 GREENDALE CT City PALM HARBOR FL Zip Code 34684		
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 _____ DATE 7/12/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT <input type="checkbox"/> Delete TOMA, MONDI 297 IXORA DR #54 PALM HARBOR, FL 34684		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2665 GREENDALE CT PALM HARBOR FL 34684	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  President 7/12/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #</small>					

ATTACHMENT 40125803

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Business Entity Name M T DRYWALL, INC.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances which the entity did not receive prior notice. Please check this box if filing after May notice was not received.

FEI Number 593732609

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status Desired ☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address 2665 GREENDALE CT

Suite, Apt. #, etc.

City, State PALM HARBOR, FL

Zip Code & Country 34684

Mailing Address

Address 2665 GREENDALE CT

Suite, Apt. #, etc.

City, State PALM HARBOR, FL

Zip Code & Country 34684

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA GEORGE G. PAPPAS, P.A.

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Address 901 N. HERCULES AVE.
Suite, Apt. #, etc. STE C
City, State CLEARWATER, FL
Zip Code & Country 33765 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address**Name And Address #1**

Title DPT
Name (Last, First, Middle, Title) TOMA MONDI
- OR -
Entity Name to serve as Officer/Director

Street Address 297 IXORA DR #54
City, State PALM HARBOR, FL
Zip Code & Country 34684

Name And Address #2

Title
Name (Last, First, Middle, Title)
- OR -
Entity Name to serve as Officer/Director

Street Address
City, State
Zip Code & Country

Name And Address #3

Title
Name (Last, First, Middle, Title)

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~~#01000071316~~

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

PRESIDENT

Officer/Director Signature

X 

7/12/07

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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