

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P01000093783</b> 1. Entity Name GULFSTREAM DRYWALL SYSTEMS, INC.	
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Principal Place of Business 2428 NE CENTER ST JENSEN BEACH, FL 34957	Mailing Address 2428 NE CENTER ST JENSEN BEACH, FL 34957
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**DO NOT WRITE IN THIS SPACE**

**FILED**  
**Aug 14, 2008 08:00 AM**  
**Secretary of State**



08112008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1140514	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

ROBERTS, CHARLES C JR  
2428 NE CTR ST  
JENSEN BEACH, FL 34957

**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)

UD00000957724  
08/14/08-80004-009 150.00

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTS, CHARLES C JR 2428 NE CENTER ST JENSEN BEACH, FL 34957
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:** Charles C Roberts **8/12/08** <sup>(772)</sup> **233-1919**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #