## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P01000104903

1. Entity Name FIX ALL DRYWALL, INC.



**FILED** Mar 10, 2008 08:00 AM Secretary of State

Principal Place of Business

1219 6TH STREET WEST PALMETTO, FL 34221

Mailing Address

**LUTZ BOOKKEEPING** 4939 CEDAR OAK WAY SARASOTA, FL 34233



02162008

No Chg-P

CR2E034 (11/05)

4. FEI Number	Applied For
65-1145995	Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

LUTZ, LESLEAH C/O LUTZ BOOKKEEPING 4939 CEDAR OAK WAY SARASOTA FL 34233

## DO NOT WRITE IN THIS SPACE

UAINAUT.	A, FE 04200					
8. The above the obligation SIG TURE	named entity submits this statement for the plans of registered agent.  Signature, typed or printed name of registered agent and title				both, in the State of Florida. I am familiar with, and accept	
	Signatura, typed of printed name of registered agent and title	ir applicable (NOTE, Registered	Agent signature	required when reinstating)	0000006333399 03/28/03-80087-020 150.00	
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finant     Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	20, 20, 00 0001 000 100100	
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODMAN, KEVIN R 1219 6TH STREET WEST PALMETTO, FL 34221					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			DC	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,				~~	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 Impowered 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 impowered.