


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000105747

1. Entity Name
CLAY DRYWALL SERVICES, INC.



| | |
|---|---|
| Principal Place of Business 3600 PEORIA ROAD ORANGE PARK, FL 32065 | Mailing Address 3600 PEORIA ROAD ORANGE PARK, FL 32065 |
|---|---|

DO NOT WRITE IN THIS SPACE



04142006 No Chg-P CR2E034 (11/05)

| | |
|--|--|
| 4. FEI Number 59-3752780 | 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

**CHAPMAN, JAMES H
 3600 PEORIA ROAD
 ORANGE PARK, FL 32065**

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: *James H. Chapman* (NOTE: Registered Agent signature required when reinstating)

DATE: 4-19-06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|------------------------------------|--------------------------------------|
| TITLE D | NAME CHAPMAN, JAMES H |
| STREET ADDRESS 3600 PEORIA ROAD | CITY-ST-ZIP ORANGE PARK, FL 32065 |
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 05/05/06-80072-005 150.00

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: *James H. Chapman* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4-19-06 DAYTIME PHONE: 904 272 0879