

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90057 045 ***150.00

DOCUMENT # P02000025198 1. Entity Name CUSTOM QUALITY DRYWALL, INC					
Principal Place of Business 1324 S 14TH ST FERNANDINA BCH, FL 32034			Mailing Address 1324 S 14TH ST FERNANDINA BCH, FL 32034		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 04-3617054	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CROFT, TERRI L 1409 CHESTER RD YULEE, FL 32097				7. Name and Address of New Registered Agent Name <u>Croft, Terri L.</u> Street Address (P.O. Box Number is Not Acceptable) <u>96501 Chester Road</u> City <u>Yulee</u> FL Zip Code <u>32097</u>	
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 <u>[Signature]</u> <u>James K. Croft, II</u> <u>2-24-06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CROFT, JAMES K II 1409 CHESTER RD YULEE, FL 32097	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Croft, James K II 96501 Chester Road Yulee, FL 32097
		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CROFT, TERRI L 1409 CHESTER RD YULEE, FL 32097	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Croft, Terri L 96501 Chester Road Yulee, FL 32097
		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>2-24-06</u> <u>904-261-9546</u> Date Daytime Phone #		

