

**2007 FOR PROFIT CORPORATION.  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 A**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



03142007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>04-3617054</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**CROFT, TERRI L  
96501 CHESTER ROAD  
YULEE, FL 32097**

**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  (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

U00000670687  
03/27/07-80120-019 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PT
NAME	CROFT, JAMES K II
STREET ADDRESS	96501 CHESTER ROAD
CITY-ST-ZIP	YULEE, FL 32097
TITLE	VS
NAME	CROFT, TERRI L
STREET ADDRESS	96501 CHESTER ROAD
CITY-ST-ZIP	YULEE, FL 32097
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-07

Date

904-261-9546

Daytime Phone #