
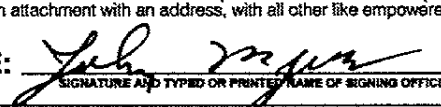


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 12, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # P02000034383</b> 1. Entity Name <b>MYERS DRYWALL, INC.</b>		
Principal Place of Business <b>2435 GEORGE AVE. S LEHIGH ACRES, FL 33971</b>		Mailing Address <b>2435 GEORGE AVE. S LEHIGH ACRES, FL 33971</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
8. Name and Address of Current Registered Agent  <b>MYERS, JOHN W 2435 GEORGE AVE. S LEHIGH ACRES, FL 33971</b>		<b>DO NOT WRITE IN THIS SPACE</b>
9. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>U00000583842 01/12/07-80013-005 150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MYERS, JOHN W 2435 GEORGE AV S LEHIGH ACRES, FL 33971	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MYERS, MICHAEL J 1727 S.E. 8TH AVE. CAPE CORAL, FL 33990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WESELOH, ROBERT A 2212 SW 47 ST CAPE CORAL, FL 33914	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 it 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>1-9-07 239-551-9684</b> <small>Date Daytime Phone #</small>