2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2008
Secretary of State

DOCUMENT# P02000043712

Entity Name: COMMERCIAL, DRYWALL & ACOUSTICAL INC.

Current Principal Place of Business:

277 AZALEA DRIVE
SUITE D
DESTIN, FL 32543

New Principal Place of Business:

273 AZALEA DRIVE
SUITE D
DESTIN, FL 32543

Current Mailing Address:

277 AZALEA DRIVE
SUITE D
DESTIN, FL 32543

New Mailing Address:

273 AZALEA DRIVE
SUITE D
DESTIN, FL 32543

FEI Number: 36-4494926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SMITH, CLYDE R
4790 ROLLING FIELD LANE
HOLT, FL 32564 US

Name and Address of New Registered Agent:

SMITH, CLYDE R
20 DOGWOOD DRIVE
SHALIMAR, FL 32579 US

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.

SIGNATURE: CLYDE R SMITH 07/08/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WELCH, BRANDON
Address: 174 BENT ARROW DR.
City-St-Zip: DESTIN, FL 32541

Title: VPD ( ) Delete
Name: WELCH, CHRIS
Address: 174 BENT ARROW DR.
City-St-Zip: DESTIN, FL 32541

Title: SD ( ) Delete
Name: SMITH, CLYDE R
Address: 4790 ROLLING FIELD LANE
City-St-Zip: HOLT, FL 32564

Title: TD ( ) Delete
Name: SMITH, CLYDE R
Address: 4970 ROLLING FIELD LANE
City-St-Zip: HOLT, FL 32564

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: SMITH, CLYDE R
Address: 20 DOGWOOD DRIVE
City-St-Zip: SHALIMAR, FL 32579

Title: TD (X) Change ( ) Addition
Name: SMITH, CLYDE R
Address: 20 DOGWOOD DRIVE
City-St-Zip: SHALIMAR, FL 32579

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLYDE R SMITH TD 07/08/2008
Electronic Signature of Signing Officer or Director Date