

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000043712

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: COMMERCIAL, DRYWALL & ACOUSTICAL INC.

## Current Principal Place of Business:

273 AZALEA DRIVE  
SUITE D  
DESTIN, FL 32543

## New Principal Place of Business:

273 AZALEA DRIVE  
SUITE D  
DESTIN, FL 32541

## Current Mailing Address:

273 AZALEA DRIVE  
SUITE D  
DESTIN, FL 32543

## New Mailing Address:

273 AZALEA DRIVE  
SUITE D  
DESTIN, FL 32541

FEI Number: 36-4494926

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

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: 20 DOGWOOD DRIVE  
City-St-Zip: SHALIMAR, FL 32579

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition  
Name: WELCH, CHRIS  
Address: 3863 INDIAN TRIAL UNIT 101  
City-St-Zip: DESTIN, FL 32541

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

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

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

SD

01/15/2009

Electronic Signature of Signing Officer or Director

Date