

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000049368		
1. Entity Name TOM MERRILL PROFESSIONAL DRYWALL, INC		
Principal Place of Business 43 LLEWELLYN TRAIL PALM COAST, FL 32164	Mailing Address 43 LLEWELLYN TRAIL PALM COAST, FL 32164	
DO NOT WRITE IN THIS SPACE		
		02092008 No Chg-P GR2E034 (11/05)
4. FEI Number 04-3675446		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
8. Name and Address of Current Registered Agent MERRILL, DENISE 43 LLEWELLYN TRAIL PALM COAST, FL 32164		DO NOT WRITE IN THIS SPACE
6. 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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MERRILL, THOMAS 43 LLEWELLYN TRAIL PALM COAST, FL 32164	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MERRILL, DENISE 43 LLEWELLYN TRAIL PALM COAST, FL 32164	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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>Denise Merrill</u> <u>Denise Merrill</u> <u>2/26/06</u> <u>386-527-0289</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		