

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000081200

1. Entity Name
REGINALD J. MACDONALD DRYWALL, INC.



Principal Place of Business
**1408 CHESTERFIELD DR.
DUNEDIN, FL 34698**

Mailing Address
**1408 CHESTERFIELD DR.
DUNEDIN, FL 34698**



03222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0477691

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MACDONALD, REGINALD J
1408 CHESTERFIELD DR.
DUNEDIN, FL 34698**

**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

Signature, typed or printed name of registered agent and fee if applicable.

(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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MACDONALD, REGINALD J 1408 CHESTERFIELD DRIVE DUNEDIN, FL 34698
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04/10/06-80049-003 150.00

**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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Reginald MacDonald Reginald MacDonald 3-22-06 813-917-000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone If