

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90115 009 ***150.00



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1. Entity Name

ANDERSON DRYWALL, INC.

Principal Place of Business

3411 45TH ST. E.
BRADENTON FL 34208

Mailing Address

3411 45TH ST. E.
BRADENTON FL 34208

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **56-2289222**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, TYVAN
3411 45TH ST. E.
BRADENTON FL 34208

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	OFFICER	NAME	ANDERSON, TYVAN	<input type="checkbox"/> Delete
STREET ADDRESS			3411 45 ST E	
CITY ST ZIP			BRADENTON FL 34208	
TITLE	VP	NAME	ANDERSON, SUE BOOZ	<input type="checkbox"/> Delete
STREET ADDRESS			3411 45TH ST. E.	
CITY ST ZIP			BRADENTON FL 34208	
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY ST ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY ST ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY ST ZIP				

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	NAME	Anderson, Tyvan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			3411 45th St E.	
CITY ST ZIP			Bradenton, FL 34208	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY ST ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY ST ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY ST ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Tyvan Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #