## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000121531

HARDEN, SUZANNE

LULU, FL 32061

1113 SE LESLIEWOOD LN

Name:

Address: City-St-Zip:

Entity Name: COLUMBIA DRYWALL SERVICE, INC.

FILED Jan 28, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1113 SE LESLIEWOOD LANE LULU, FL 32061 **Current Mailing Address: New Mailing Address:** 253 N.W. MAIN BOULEVARD LAKE CITY, FL 32055 FEI Number: 45-0519719 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NORRIS, JOHN E NORRIS' & NORRIS. P.A. 253 N.W. MAIN BOÚLEVARD LAKE CITY, FL 32055 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition HARDEN, WENDELL B Name: Name: 1113 SE LESLIEWOOD LN Address: Address: City-St-Zip: LULU, FL 32061 City-St-Zip: Title: DS Title: () Change () Addition () Delete Name: HARDEN, WESLEY Name: 1113 SE LESLIEWOOD LN Address: Address: City-St-Zip: LUTZ, FL 32061 City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: WENDELL B. HARDEN PD 01/28/2009