

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90221 042 \*\*\*150.00

<b>DOCUMENT # P03000060866</b>					
<b>1. Entity Name</b> AAA DRYWALL FINISHING INC.					
<b>Principal Place of Business</b> 1912 SW 31ST AVE. APT. B OCALA, FL 34474-6526			<b>Mailing Address</b> 1912 SW 31ST AVE. APT. B OCALA, FL 34474-6526		
<b>2. Principal Place of Business</b> 3240 SW 34TH ST Suite, Apt. #, etc. APT 613 City & State OCALA, FL Zip 34474-7494 Country USA		<b>3. Mailing Address</b> 3240 SW 34TH ST Suite, Apt. #, etc. APT 613 City & State OCALA, FL Zip 34474-7494 Country USA			
<b>4. FEI Number</b> 01-0786739		03292006    Chg-P    CR2E034 (11/05)			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
<b>6. Name and Address of Current Registered Agent</b> HORNBY, NANCY C <del>4455 CONFEDERATE POINT RD., #1511</del> <del>JACKSONVILLE, FL 32210</del>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 3750 SILVER BLUFF BLVD UNIT 2106 City ORANGE PARK    FL    Zip Code 32065		
<b>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.</b>					
SIGNATURE <u>NANCY C. HORNBY</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Nancy C. Hornby</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>3/29/06</u> <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete BUCHS, CURTIS O 1912 SW 31ST AVE. APT. B OCALA, FL 344746526		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3240 SW 34TH ST APT 613 OCALA, FL 34474-7494	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
SIGNATURE: X <u>CABL</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/1/06</u> <small>Date</small>		<u>352-427-7970</u> <small>Daytime Phone #</small>