

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2007 8:00 am
Secretary of State

05-10-2007 90028 025 ***150.00

DOCUMENT # P03000063085 1. Entity Name FOYE, S C & C DRYWALL, INC.			
Principal Place of Business 6255 S.E. 26TH STREET OKEECHOBEE FL 34974 <i>moved</i>		Mailing Address 6255 S.E. 26TH STREET OKEECHOBEE FL 34974	
2. Principal Place of Business - No P.O. Box # 1909 S.W. 5th Ave Suite, Apt. #, etc.		3. Mailing Address 1909 S.W. 5th Ave Suite, Apt. #, etc.	
City & State Okeechobee Fla. Zip 34974		City & State Okeechobee Fla. Zip 34974	
4. FEI Number 59-2201569		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CREWS, FOYE 625 S.E. 26TH STREET OKEECHOBEE FL 34974		7. Name and Address of New Registered Agent Name Crews, Foye Street Address (P.O. Box Number is Not Acceptable) 1909 S.W. 5th Ave City Okeechobee FL Zip Code 34974	
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 _____ (NOTE: Registered Agent signature required when re-registering) 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP P CREWS, FOYE 6255 S.E. 26TH STREET OKEECHOBEE FL 34974	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP Crews Foye 1909 S.W. 5th Ave. Okeechobee Fla. 34974	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP T CREWS, FOYE 6255 S.E. 26TH STREET OKEECHOBEE FL 34974	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP S CREWS, FOYE 625 S.E. 26TH STREET OKEECHOBEE FL 34974	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP Same	<input checked="" 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
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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
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: <i>Foye Crews Jr.</i> Foye Crews Jr. 5/30/07 (863) 634-8842 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



ATTACHMENT

66017796

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2007

FOYE;"S C & C DRYWALL, INC.
1909 SW 5TH AVE
OKEECHOBEE, FL 34974

Subject: FOYE;"S C & C DRYWALL, INC.

Reference Number: P03000063085

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/WK

ANNUAL REPORTS SECTION

*Thank you very much & I'm so
sorry. Please make sure that the FEI No.
is corrected Thank you again
Foye Owens Jr.*