

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90118 017 ***150.00

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1. Entity Name

DRYWALL TEXTURES BY DP, INC.



Principal Place of Business

1658 HWY 100
D
BUNNELL FL 32170

Mailing Address

P.O. BOX 354752
PALM COAST FL 32164



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

3501 E moody Blvd

Suite, Apt. #, etc.

0

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Bunnell, FL

City & State

Flagler

4. FEI Number

54-2115875

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETRILLO, DANIEL
38 CREEK BLUFF RUN
FLAGLER BCH FL 32136

7. Name and Address of New Registered Agent

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 (if applicable).

(NOTE: Registered Agent signature required when changing agent)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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: D ☐ Delete
NAME: PETRILLO, DANIEL
STREET ADDRESS: 38 CREEK BLUFF RUN
CITY-ST-ZIP: FLAGLER BCH FL 32136

TITLE: D ☐ Delete
NAME: PETRILLO, MARY
STREET ADDRESS: 38 CREEK BLUFF RUN
CITY-ST-ZIP: FLAGLER BCH FL 32136

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/08

Date

Expiring Period