## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 26, 2007 08:00 AM **DOCUMENT # P03000081301 Secretary of State** 1. Entity Name SUMMERLIN DRYWALL, INC. Principal Place of Business Mailing Address 128 REEDY CREEK DR. 128 REEDY CREEK DR. FROSTPROOF, FL 33843 FROSTPROOF, FL 33843 02082007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0118499 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SUMMERLIN, WILLIAM DO NOT WRITE 128 REEDY CREEK DR. FROSTPROOF, FL 33843 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME SUMMERLIN, WILLIAM M STREET ADDRESS 128 REEDY CREEK DRIVE CITY-ST-ZIP FROSTPROOF, FL 33843 U00000679844 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CiTY-ST-ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 eath; 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.

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NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-07

863-528-1167

**FILED** 

Daytime Phone #