

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90206 015 \*\*\*150.00

DOCUMENT # P03000091688

1. Entity Name

MORA'S DRYWALL, INC.



Principal Place of Business

4208 FT. COVERAGE CIRCLE  
KISSIMMEE FL 34746  
US

Mailing Address

4208 FT. COVERAGE CIRCLE  
KISSIMMEE FL 34746  
US



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

4208 FT COVERAGE CIR

3. Mailing Address

4208 FT COVERAGE CIR

KISS. FL

KISS. FL 34746

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip 34746

Country USA

Zip 34746

Country USA

4. FEI Number 81-0629361

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORA KIDD, MARLEN  
4208 FT. COVERAGE CIRCLE  
KISSIMMEE FL 34746

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 reinstating)

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. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME KIDD, MARLEN M ☐ Delete  
STREET ADDRESS 4208 FT. COURAGE CIR.  
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE S  
NAME MORA, JR, JUAN F ☐ Delete  
STREET ADDRESS 4208 FT LOURAGE CIRCLE  
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE V  
NAME MORA, MARLENE ☐ Delete  
STREET ADDRESS 4208 FT LOURAGE CIRCLE  
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 4208 FT COVERAGE CIR.  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4208 FT COVERAGE CIR  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

*M. M. Kidd*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/07 407-709-4276

Date

Daytime Phone #