


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

02-26-2007 90068 042 \*\*\*150.00

**DOCUMENT # P03000102239**

1. Entity Name  
 SOUTHERN DRYWALL & TEXTURE, INC.



Principal Place of Business  
 8280 COLLEGE PARKWAY  
 SUITE 103  
 FORT MYERS, FL 33919

Mailing Address  
 C/O PARAGON FINANCIAL SERVICES  
 8280 COLLEGE PARKWAY SUITE 103  
 FORT MYERS, FL 33919

40024383



02232007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 56-2406223	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CONRAD, JAMES L JR  
 8280 COLLEGE PARKWAY SUITE 103  
 FORT MYERS, FL 33919

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONRAD, JAMES L JR 8280 COLLEGE PARKWAY SUITE 103 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONRAD, DEBBIE S 8280 COLLEGE PARKWAY SUITE 103 FORT MYERS, FL 33919
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE:  \_\_\_\_\_

DATE: 2/23/07 DAYTIME PHONE: 239-873-5421