

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000104681

FILED
Apr 30, 2008
Secretary of State

Entity Name: GOOD TIME DRYWALL INC.

Current Principal Place of Business:

3235 SURFSIDE BLVD
CAPE CORAL, FL 33914 US

New Principal Place of Business:

Current Mailing Address:

3235 SURFSIDE BLVD
CAPE CORAL, FL 33914 US

New Mailing Address:

FEI Number: 57-1166004 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDOZA, FRANCISCO
2722 SW 35TH LANE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MENDOZA, FRANCISCO
Address: 3235 SURFSIDE BLVD
City-St-Zip: CAPE CORAL, FL 33914 US

Title: V () Delete
Name: RODRIGUEZ, TOMAS
Address: 3235 SURSIDE BLVD
City-St-Zip: CAPE CORAL, FL 33914 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: MENDOZA, RUBEN E
Address: 713 SW 12TH ST
City-St-Zip: CAPE CORAL, FL 33991 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCISCO MENDOZA

P

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date