## 2008 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # P03000105600



ANOTHER DRYWALL COMPANY, INC.

Principal Place of Business

1. Entity Name

Mailing Address

ENGLEWOOD		:		ENGLEWOOD,FL34224				<b>1 (4</b> ) ( <b>14</b> ) <b>4 -</b> (8 ) <b>8</b> )	ira siig dSig Se		
Principal Place of Business - No P.O. Box # 3. Mailing Address											
Suite, Apt.	#, etc.	<del></del>	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E0	34 (12/06)	÷	
City & State	ө		City & State	City & State		4. FEI Numbe			h	plied For	
Zip Country			Žip	Zip Country		20-029 5. Certificate	of Status Desired		\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent						7 Name and	Address of New I		<u> </u>		
						Name					
CARPENTER, JOE 1760 MEADOWLARK LANE ENGLEWOOD, FL 34224					Street Address (P.O. Box Number is Not Acceptable)						
ENGLEWO	OOD, FL :	34224			_	<del> </del>					
					City	<u>-</u>	,, · · · · <del>- ·</del>	FL	Zip Code	9	
		ty submits this statement fo	or the purpose of chang	ng its registe	red office or reg	istered agent, or bo	th, in the State of F	lorida. I am	familiar with,	and accept	
the obligations of registered agent.											
SIGNATURE	Signature, typed	d or printed name of registered agent	and title if applicable.	(NOTE: Register	ed Agent signature rec	quired when reinstating)		DATE		<del></del>	
			- 9 Flection C	amoaioo Fina	ncina	\$5:00 May Da		• • • • • • • • • • • • • • • • • • • •			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.						\$5.00 May Be Added to Fees					
10.		OFFICERS AND	DIRECTORS			ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTORS	3 IN 11	
TITLE	PSD		☐ Defete						Change	☐ Addition	
NAME STREET ADDRESS	CARPENTER, JOE NA 1760 MEADOWLARK LANE ST				ME BET ADDRESS						
CITY-ST-ZIP		OOD, FL 34224			Y-ST-ZIP						
TITLE	DVP		☐ Delete	TIT	LE LE				☐ Change	Addition	
NAME	1	ITER, PETE CLIFFORD	)	NA							
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS Y-ST-ZIP						
<u> </u>	ENGLEW	VOOD, PL 34224	[ ] p					<del></del>	Change	Addition	
TITLE NAME			☐ Delete	TIT NA	I .				☐ Change	[_] Addition	
STREET ADDRESS					REET ADDRESS						
CITY-ST-ZIP			·	CIT	Y-ST-ZIP		·				
TITLE			☐ Delete						Change	■ Addition	
NAME STREET ADDRESS	ł			: NAI	ME LEET ADDRESS					1	
CITY-ST-ZIP					Y-ST-ZIP						
TITLE	-				<del></del>				Change	☐ Addition	
NAME			_ 55,5,10	NA.	ME						
STREET ADDRESS	1				REET ADDRESS						
CITY-ST-ZIP	-				Y-ST-ZIP						
TITLE			☐ Delete	4	I .				Change	☐ Addition	
NAME STREET ADDRESS	<b>.</b>		,	NA em	REET ADDRESS				_		
,					ICCI AUUNESS I	<del></del>					

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.

cue\_

SIGNATURE:

JOE Carpenter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTO

**FILED** 

Apr 30, 2008 8:00 am Secretary of State

04-30-2008 90186 021 \*\*\*150.00

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