


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

7/3

FILED
Aug 25, 2008 8:00 am
Secretary of State

07-31-2008 90045 010 ***150.00

DOCUMENT # P03000106473	
1. Entity Name OTTER CREEK DRYWALL INC.	

Principal Place of Business 1264 OTTER ROAD PONCE DE LEON, FL 32455 US	Mailing Address PO BOX 237 PONCE DE LEON, FL 32455
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66016041



07092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0244070	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ALL FLORIDA FIRM, INC. 485 S. VOLUSIA AVE. SUITE C ORANGE CITY, FL 32763
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**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 reappointing) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PHILLIPS, WALTER R 1264 OTTER ROAD PONCE DE LEON, FL 32455
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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: Walter R. Phillips Pres, 8-21-08 850-836 4123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #