


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P03000106659 1. Entity Name STANLEY DRYWALL INC.	
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Principal Place of Business 13909 RAULERSON RD. RIVERVIEW, FL 33569	Mailing Address 13909 RAULERSON RD. RIVERVIEW, FL 33569
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DO NOT WRITE IN THIS SPACE



04262007 No Chg-P CR2E034 (11/05)

4. FEI Number 14-1897093	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STANLEY, CAROLYN 13909 RAULERSON RD. RIVERVIEW, FL 33569
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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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STANLEY, ELDRIDGE JR 13909 RAULERSON RD. RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STANLEY, CAROLYN 13909 RAULERSON RD. RIVERVIEW, FL 33569
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05/17/07-80012-004 158.75

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: <u>Carolyn Stanley Vice</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4-10-07</u> <small>Date</small>	<u>813-681-6005</u> <small>Daytime Phone #</small>
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