

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000106882

Entity Name: MG&L DRYWALL INC.

FILED  
Jun 01, 2006  
Secretary of State

## Current Principal Place of Business:

247 ECHO CIR  
FORT WALTON BEACH, FL 32548 US

## New Principal Place of Business:

2117 BOYSCOTT RD  
DEFUNIAK SPRINGS, FL 32533 US

## Current Mailing Address:

P. O BOX 4926  
FORT WALTON BEACH, FL 32548 US

## New Mailing Address:

FEI Number: 20-0265627      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PROFESSIONAL OFFICE SERVICES  
434 TANGLEWOOD DRIVE  
FORT WALTON BEACH, FL 32547 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

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GALLARDO, MIGUEL  
Address: 247 ECHO CIR  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: S ( ) Delete  
Name: BUSTAMANTE, LIDIA  
Address: 247 ECHO CIR  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: VP ( ) Delete  
Name: BUSTAMANTE, JAVIER  
Address: 247 ECHO CIR  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GALLARDO, MIGUEL  
Address: 2117 BOYSCOTT RD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32533 US

Title: S (X) Change ( ) Addition  
Name: GALLARDO, LIDIA  
Address: 2117 BOYSCOTT RD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32533 US

Title: VP (X) Change ( ) Addition  
Name: BUSTAMANTE, JAVIER  
Address: 2117 BOYSCOTT RD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32533 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LIDIA GALLARDO

S

06/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date