

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/6/2006-90034-021-\$165.00-\$165.00

DOCUMENT # P03000109520 1. Entity Name R & J L DRYWALLING AND PAINT, INC						06 OCT -2 11:32 	
Principal Place of Business 111 W FULLER STREET DAVENPORT FL 33837				Mailing Address PO BOX 583 DAVENPORT FL 33837			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 20-0276527						Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐						\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEWIS, ROBERT L 111 W FULLER STREET DAVENPORT FL 33837				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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 re-registering)			
FILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State				S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒			
9. Election Campaign Financing Trust Fund Contribution ☐				\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES LEWIS, ROBERT L 111 W FULLER ST DAVENPORT FL 33837			☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LEWIS, GLENNA 111 W FULLER ST DAVENPORT FL 33837			☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEWIS, OMAR 111 W FULLER ST DAVENPORT FL 33837			☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	 			☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: <i>Robert Lewis</i> August 30, 2006 421/554 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							

Robert Lewis 9/28/06