


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90352 029 ***150.00

DOCUMENT # P03000109775

1. Entity Name
RAZ DRYWALL, INC.



Principal Place of Business
3501 W. PAUL AVE.
TAMPA, FL 33611

Mailing Address
3501 W. PAUL AVE.
TAMPA, FL 33611

2. Principal Place of Business
1808 BAYOU GRANDE BLVD

3. Mailing Address
1808 BAYOU GRANDE BLVD

Suite, Apt. #, etc. **N.E.** Suite, Apt. #, etc. **N.E.**

City & State
ST PETERSBURG FL

City & State
ST PETERSBURG

Zip
33703

Country
PIHELLAS

Zip
33703

Country
PINELHAS

4. FEI Number
20-0289146

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent
WIRASNIK, JOHN
3601 W. PAUL AVE.
TAMPA, FL 33611

7. Name and Address of New Registered Agent
1808 BAYOU GRANDE BLVD
ST PETERSBURG FL 33703

City **FL** Zip Code

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 *John Wirasnik* **JOHN WIRASNIK P** **3-31-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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	P WIRASNIK, JOHN 3501 W. PAUL AVE. 1808 BAYOU GRANDE BLVD TAMPA, FL 33611 ST PETERSBURG FL N.E. 33703	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *John Wirasnik* **JOHN WIRASNIK P** **3-31-06** **(727) 526-0570** **CELL (518) 257 6551**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #