## 2006 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

DOCUMENT # P03000115530 RICK D POWELL DRYWALL INC

Principal Place of Business

330 RIVIERA DRIVE DEBARY, FL 32713 \_\_ Mailing Address

330 RIVIERA DRIVE DEBARY, FL 32713

## FILED Feb 17, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02082006 No Chg-P CR2E034 (11/05) 4. FEI Number 56-2406876 Applied Far Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POWELL, RICK D 330 RIVIERA DRIVE DEBARY, FL 32713

## DO NOT WRITE

			IN THIS SPACE			
	named entity submits this statement for the priors of registered agent.	urpose of changing its registers	d office or r	egistered agent, or bot	th, in the State of Florida. It am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE, Registered	Agent signature	required when reinstating)	DATE	
FIL After Ma	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		- <del></del>		
TITLE NAME STREET ADDRESS GITY-57-ZIP	P POWELL, RICK D 330 RIVIERA DRIVE DEBARY, FL 32713				1/00000438375	
TITLE NAME STREET ADDRESS CITY: ST-ZIP	S POWELL, RICK D 330 RIVIERA DRIVE DEBARY, FL 32713				03/61/06-800 <b>0</b> 3- <b>01</b> 8 150.00	
title Name Street address City-St-Up	T POWELL, RICK D 330 RIVIERA DRIVE DEBARY, FL 32713			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-TIP				IN .	THIS SPACE	
TITLE HAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-71P						

12. I hereby Certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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 507, 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.

SIG	NAT	ΓUΙ	RE:

Ruck D Paull SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

386-<u>837-8013</u>

Caythra Pions F