

FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000115789

1. Entity Name

M & H Drywall, Inc.



FILED

06 MAY -1 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7440 Bradfordville Road
Suite, Apt. #, etc.

3. Mailing Address

7440 Bradfordville Road
Suite, Apt. #, etc.

CR2E034B (8/05)

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

43-2031372

Applied For

Not Applicable

Zip

32309

Country

Leon

Zip

32309

Country

Leon

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Harvey Miller

Street Address (P.O. Box Number is Not Acceptable)

7440 Bradfordville Road

City

Tallahassee

FL

Zip Code

32309

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

President
Harvey Miller
7440 Bradfordville Road
Tallahassee, FL 32309

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

800075015318
05/22/06 01003 013 **150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Vice-President
David Harrison
460 Cedar Hill Road
Thomasville, GA 31757

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Harvey Miller - Harvey Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-06

Date

850 566-9624

Daytime Phone #