

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000121344

FILED
Jan 14, 2008
Secretary of State

Entity Name: SHAUN KOLKE DRYWALL CO.

Current Principal Place of Business:

5779 ESTATES DR.
NORTH PORT, FL 34286 US

New Principal Place of Business:

5779 ESTATES DR.
NORTH PORT, FL 34291 US

Current Mailing Address:

5779 ESTATES DR.
NORTH PORT, FL 34286 US

New Mailing Address:

5779 ESTATES DR.
NORTH PORT, FL 34291 US

FEI Number: 20-0344459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOLKE, SHAUN
5779 ESTATES DR
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

KOLKE, SHAUN
5779 ESTATES DR
NORTH PORT, FL 34291 US

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: SHAUN KOLKE

01/14/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D, P () Delete
Name: KOLKE, SHAUN
Address: 5779 ESTATES DR.
City-St-Zip: NORTH PORT, FL 34286 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D, P (X) Change () Addition
Name: KOLKE, SHAUN
Address: 5779 ESTATES DR.
City-St-Zip: NORTH PORT, FL 34291 US

I hereby certify that the information supplied with this filing does not qualify 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: SHAUN KOLKE

PRES

01/14/2008

Electronic Signature of Signing Officer or Director

Date