


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000121422 1. Entity Name MICHAEL S. ADAMS DRYWALL, INC.	
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Principal Place of Business 7884 RED BARROW ROAD BAKER, FL 32531	Mailing Address 7884 RED BARROW ROAD BAKER, FL 32531
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**DO NOT WRITE IN THIS SPACE**



04302006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0279047	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, MICHAEL S  
7884 RED BARROW ROAD  
BAKER, FL 32531

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, MICHAEL S 7884 RED BARROW ROAD BAKER, FL 32531
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ADAMS, LISA M 7884 RED BARROW ROAD BAKER, FL 32531
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05/19/06-80008-021 150.00

**DO NOT WRITE  
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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: *For Michael S Adams* *4/29/2006*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Michael S Adams Agent*