

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90077 027 ***150.00

DOCUMENT # P03000122872

1. Entity Name

ED'S DRYWALL, INC.



Principal Place of Business

20191 KINDERKEMAC AVE.
PORT CHARLOTTE FL 33952
US

Mailing Address

20191 KINDERKEMAC AVE.
PORT CHARLOTTE FL 33952
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

84-1629160

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C. MICHAEL FISCHER, P.A.
2800 PLACIDA RD.
SUITE 112
ENGLEWOOD FL 34224

7. Name and Address of New Registered Agent

Name Robert Thelma L. WARREN
Street Address (P.O. Box Number is Not Acceptable)
20191 Kinderkernac Ave
Port Charlotte 33952-2210
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

Thelma L. Warren
Signature, typed or printed name of registered agent and title if applicable.

Thelma L. WARREN
(NOTE: Registered Agent signature required when reinstating)

06 Feb 06
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

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	P	<input type="checkbox"/> Delete
NAME	WARREN, THELMA	
STREET ADDRESS	20191 KINDERKEMAC AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	V.P.	<input type="checkbox"/> Delete
NAME	WARREN, HARMON E	
STREET ADDRESS	20191 KINDERKEMAC AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	S.	<input type="checkbox"/> Delete
NAME	WARREN, BRIAN	
STREET ADDRESS	20191 KINDERKEMAC AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Thelma L. Warren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb-06
Date

941/629-9500
Daytime Phone #