

2006 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000122984	
1. Entity Name KEITH WARRICK DRYWALL, INC.	

Principal Place of Business 2690 SETTLERS COLONY BLVD GULF BREEZE, FL 32563	Mailing Address 2690 SETTLERS COLONY BLVD GULF BREEZE, FL 32563
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01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 81-0636126	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

**WARRICK, KEITH A
2690 SETTLERS COLONY BLVD
GULF BREEZE, FL 32563**

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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 rebrating) DATE _____

FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	02/02/06-80003-019 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARRICK, KEITH A % 2690 SETTLERS COLONY BLVD GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WARRICK, LAURA S % 2690 SETTLERS COLONY BLVD GULF BREEZE, FL 32563
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Keith A Warrick **KEITH A. WARRICK** 1/22/06 850-934-8369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #