

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90349 038 ***150.00

DOCUMENT # **P03000126490**

1. Entity Name

Interior Express Drywall Finishing, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4008 Towhee Lane

Suite, Apt. #, etc.

3. Mailing Address

4008 Towhee Lane

Suite, Apt. #, etc.

City & State

Sacksonville Fla.

City & State

Sacksonville Fla.

Zip

32207

Country

Duval

Zip

32207

Country

Duval

4. FEI Number

36-4542090

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **Tony L. Wilder, Sr.**

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

4008 Towhee Lane

City **Sacksonville**

FL

Zip Code

32207

**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 **P**
NAME **Tony L. Wilder Sr.**
STREET ADDRESS **4008 Towhee Lane**
CITY-ST-ZIP **Sacksonville FL 32207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S**
NAME **Cheryl A. Wilder**
STREET ADDRESS **4008 Towhee Lane**
CITY-ST-ZIP **Sacksonville FL 32207**

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-06