

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000127092

1. Entity Name  
L & S DRYWALL INC.



Principal Place of Business

109 PINICLE ROAD  
SATSUMA, FL 32189

Mailing Address

109 PINICLE ROAD  
SATSUMA, FL 32189

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09102008

Chg-P

CR2E034 (12/06)

4. FEI Number  
20-0379701

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KING, LARRY W  
109 PINICLE ROAD  
SATSUMA, FL 32189

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME KING, LARRY W  
STREET ADDRESS 109 PINICLE ROAD  
CITY-ST-ZIP SATSUMA, FL 32189

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 SEP 15 PM 3:45

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



000135964720  
09/16/08--01020--016 \*\*150.00

SEPTEMBER 12, 2008

FL DEPT OF STATE  
DIVISION OF CORPORATIONS  
P. O. BOX 1500  
TALLAHASSEE, FL 32302-1500

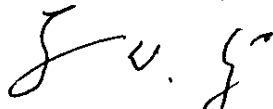
DEAR SIR:

PLEASE BE ADVISED THAT I DID NOT RECEIVE ANNUAL REPORT  
NOTICE.

I AM RETURNING ENCLOSED ANNUEL REPORT AND LETTER THAT  
YOU SENT ME.

THANK YOU.

SINCERELY,

A handwritten signature in black ink, appearing to read "L. King", written over the printed name.

LARRY KING  
L & S DRYWALL, INC.  
109 PINACLE ROAD  
SATSUMA, FL 32189