

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000127219

1. Entity Name

DAIGLE & SONS DRYWALL, INC.



Principal Place of Business

2850 SPAULDING ROAD  
TALLAHASSEE, FL 32303 US

Mailing Address

2850 SPAULDING ROAD  
TALLAHASSEE, FL 32303 US

FILED

2008 APR 29 PM 1:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01292008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-0403362

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAIGLE, JENNIE  
2850 SPAULDING ROAD  
TALLAHASSEE, FL 32303

**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)

April 28, 2008

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME DAIGLE, FRED  
STREET ADDRESS 2850 SPAULDING ROAD  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE V  
NAME DAIGLE, QUINCY  
STREET ADDRESS 2850 SPAULDING ROAD  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE V  
NAME DAIGLE, ROBBIE  
STREET ADDRESS 2850 SPAULDING ROAD  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ST  
NAME DAIGLE, JENNIE  
STREET ADDRESS 2850 SPAULDING ROAD  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE V  
NAME MONTI, R J  
STREET ADDRESS 743 RED FERN RD  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

400126856204  
04/29/08--01024--021 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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 #

April 28, 2008 (550) 562-1805