


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-17-2006 90266 014 ***150.00

DOCUMENT # P03000127386 1. Entity Name CREATIVE DRYWALL & TEXTURE DESIGNS, INC.					
Principal Place of Business 2717 NAPLES AVENUE PANAMA CITY, FL 32405 US			Mailing Address 2717 NAPLES AVENUE PANAMA CITY, FL 32405 US		
2. Principal Place of Business 901 W 19TH ST #2308		3. Mailing Address 901 W 19TH ST #2308			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PANAMA CITY, FL		City & State PANAMA CITY, FL		4. FEI Number 32-0099312	
Zip 32405		Country 32405		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01122006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent HAYES, TERRY K 2717 NAPLES AVE. PANAMA CITY, FL 32405				7. Name and Address of New Registered Agent Name TERRY K. HAYES Street Address (P.O. Box Number is Not Acceptable) 901 W. 19TH ST #2308 City PANAMA CITY FL 32405	
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 <u><i>Terry K Hayes</i></u> <small>Signature, typed or printed name of registered agent and title acceptable.</small>				(NOTE: Registered Agent signature required when reinstating) <u>1/12/06</u> <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HAYES, TERRY K 2717 NAPLES AVENUE 901 W. 19TH ST #2308 PANAMA CITY, FL 32405		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAYES, HELEN L 2717 NAPLES AVE 901 W. 19TH ST #2308 PANAMA CITY, FL 32405		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Terry K Hayes</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>1/12/06</u> <small>Date Daytime Phone #</small>	