

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90418 046 ***150.00

DOCUMENT # P03000128397

1. Entity Name
TOO JAWS DRYWALL, INC.



Principal Place of Business
**18514 BRADSHAW
DADE CITY, FL 33523**

Mailing Address
**P.O. BOX 707
DADE CITY, FL 33526**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112006 Chg-P CR2E034 (11/05)

4. FEI Number
35-2219827

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

**NELSON, ROGER
P.O. BOX 707
DADE CITY, FL 33526**

Name
Roger Nelson

Street Address (P.O. Box Number is Not Acceptable)
18514 BRADSHAW

City
DADE CITY **FL** Zip Code
33523

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

Roger Nelson Pres

**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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D.P
NELSON, ROGER
18514 BRADSHAW
DADE CITY, FL 33523** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP,D
KIMBRIL, CARL SR
18514 BRADSHAW
DADE CITY, FL 33523** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S,D
KIMBRIL, DAVID V
18514 BRADSHAW
DADE CITY, FL 33523** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #