

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000128922 1. Entity Name DR DRYWALL & TILE, INC.	
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Principal Place of Business 4335 HAWK HAVEN RD MIDDLEBURG, FL 32068	Mailing Address 4335 HAWK HAVEN RD MIDDLEBURG, FL 32068
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DO NOT WRITE IN THIS SPACE



03312006 No Chg-P CR2E034 (11/05)

4. FEI Number 81-0637726	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**QUINONEZ, SUZANNE C
2447 BLANDING BLVD STE 102
MIDDLEBURG, FL 32068**

**DO NOT WRITE
IN THIS SPACE**

6. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PT BROWN, DELTHA R 4335 HAWK HAVEN RD MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP BROWN, IRIE P 4335 HAWK HAVEN RD MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP WEBBER, VICKY 4335 HAWK HAVEN RD MIDDLEBURG, FL 32068
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IN THIS SPACE**

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04/18/06-80010-001 150.00

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: Deltha Brown 4-1-06 904-282-046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #