2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000128972

1. Entity Name



FILED Apr 20, 2006 8:00 am Secretary of State 04-20-2006 90206 019 ***150.00

EMPIRE DRY WALL NE FLORIDA, INC									
Principal Place of Business Mailing Address 1293 LARAMIE COURT 3000-3 HART ORANGE PARK, FL 32065 JACKSONVILLE					1	11 201100 1 2111 20211 2022 40	<u> </u>	ien (bitti neuro at	
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02062006	Chg-P	CR2E0	34 (11/05)	
City & State		City & State			4. FEI Numb				oplied For
Zip	Country	Zip Count		у		e of Status Desired		\$8.75 Add	itional
6. Name and Address of Current Registered Agent				····	7. Name and	Address of New I	_		
				Name					
3000-3 HA	A, ROBERT J ARTLEY ROAD IVILLE, FL 32257			Street Address (I	P.O. Bax Numb	er is Not Acceptab	le)		
	,		1						
			-	City			FL	Zip Cod	e
8. The above the obliga	e named entity submits this statement fi tions of registered agent.	or the purpose of changing its r	registered	d office or register	ed agent, or bo	oth, in the State of F	lorida. I am f	amiliar with,	and accept
OICHIATURE									
SIGNATURE.	Signature, typed or printed name of registered agen	and title if applicable. (NOTE:	: Registered	Agent signature required	when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		
Fil. After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campaig Trust Fund Contri		oing \$5. □ Adde	.00 May Be ed to Fees				•
10.	OFFICERS AND DIRECTORS 11				ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTOR	S iN 11
TITLE NAME			TITLE NAME					Change	Addition
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			CITY-S	l l					
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STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	FADDRESS					5
GOLD-GU-EIF			UII T-S	2151L.		************		***************************************	

I nereby 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 SIGNATURE FICER OR DIRECTOR

3-16-06

904-708-4947

Daytime Phone #