2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000130490

1. Entity Name KYLÉ HENDRICKS DRYWALL CO INC



FILED Apr 30, 2007 08:00 AN Secretary of State

Fee Required

Principal Place of Business

575 N 68TH AVE PENSACOLA, FL 32506 Mailing Address

575 N 68TH AVE PENSACOLA, FL 32506



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

O-ESEGO, c.ng	0. ==00 ((00)			
4. FEI Number		Applied For		
20-0378919		Not Applicable		
5. Certificate of Status Desired		\$8.75 Additional		

ELLENBURG, LISA N DO NOT WRITE 1136 ENGLISH LN WESTVILLE, FL 32464 IN THIS SPACE

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Horiza. 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 A	gent signature	required when reinstating)	DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENDRICKS, KYLE 575 N 68TH AVE PENSACOLA, FL 32506						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·*				000000746246 05/16/07-80062-008 150.00		
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ¹	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-S1-ZIP							
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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
SIGNATURE: Bule Den drieter Kule HENDRICKS	4-28-07	850-982-0147