


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000132593 1. Entity Name TOMMY'S DRYWALL INC.	
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Principal Place of Business 2841 OAK CREEK LANE JACKSONVILLE, FL 32221	Mailing Address 2841 OAK CREEK LANE JACKSONVILLE, FL 32221
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DO NOT WRITE IN THIS SPACE

02122007 No Chg-P CR2E034 (11/05)

4. FEI Number 47-0935968	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LOPEZ, TOMMY SR.
2841 OAK CREEK LANE
JACKSONVILLE, FL 32221**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P LOPEZ, TOMMY SR. 2841 OAK CREEK LANE JACKSONVILLE, FL 32221
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V LOPEZ, TOMMY JR. 5910 NORDE DRIVE W. JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S LOPEZ, FLOYD L 2841 OAK CREEK LANE JACKSONVILLE, FL 32221
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IN THIS SPACE**

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: *Tommy Lopez* **3-3-07** **904-781-8026**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #