


2006 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000133953
 1. Entity Name
 OCTAVIO LANCIERI DRYWALL, INC



Principal Place of Business Mailing Address
 942 SW NICHOLS TERRACE 942 SW NICHOLS TERRACE
 PORT SAINT LUCIE, FL 34953 US PORT SAINT LUCIE, FL 34953 US

DO NOT WRITE IN THIS SPACE

05172006 No Chg-P CR2E034 (11/05)
 4. FEI Number Applied For
 42-1610345 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LANCIERI, OCTAVIO S
 942 SW NICHOLS TERRACE
 PORT SAINT LUCIE, FL 34953

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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 _____

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------|
| TITLE | P |
| NAME | LANCIERI, OCTAVIO S |
| STREET ADDRESS | 942 SW NICHOLS TERRACE |
| CITY-ST-ZIP | PORT SAINT LUCIE, FL 34953 |
| TITLE | VP |
| NAME | LANCIERI, OCTAVIO S |
| STREET ADDRESS | 942 SW NICHOLS TERRACE |
| CITY-ST-ZIP | PORT SAINT LUCIE, FL 34953 |
| TITLE | SEC |
| NAME | LANCIERI, OCTAVIO |
| STREET ADDRESS | 942 SW NICHOLS TERRACE |
| CITY-ST-ZIP | PORT SAINT LUCIE, FL 34953 |
| TITLE | TRES |
| NAME | LANCIERI, OCTAVIO S |
| STREET ADDRESS | 942 SW NICHOLS TERRACE |
| CITY-ST-ZIP | PORT SAINT LUCIE, FL 34953 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 07/25/06-80012-024 150.00

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: *Octavio Lanieri* 7-13-06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #