

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

DOCUMENT # P03000134386

1. Entity Name  
GARY EZELL DRYWALL, INC.



Principal Place of Business  
504 DIXIE HIGHWAY  
AUBURNDALE, FL 33823

Mailing Address  
504 DIXIE HIGHWAY  
AUBURNDALE, FL 33823



07162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
31-1054547

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

EZELL, GARY  
504 DIXIE HIGHWAY  
AUBURNDALE, FL 33823

**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

Signature, typed or printed name of registered agent and title if applicable

(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 PD  
NAME EZELL, GARY L  
STREET ADDRESS 504 DIXIE HIGHWAY  
CITY-ST-ZIP AUBURNDALE, FL 33823

TITLE V  
NAME EZELL, TAMMY L  
STREET ADDRESS 504 DIXIE HIGHWAY  
CITY-ST-ZIP AUBURNDALE, FL 33823

TITLE T  
NAME EZELL, DEREK L  
STREET ADDRESS 504 DIXIE HIGHWAY  
CITY-ST-ZIP AUBURNDALE, FL 33823

TITLE S  
NAME EZELL, DONALD L  
STREET ADDRESS 100 CLAYTON ROAD  
CITY-ST-ZIP AUBURNDALE, FL 33823

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000572110  
07/25/06-80016-013 150.00

**DO NOT WRITE  
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: *Gary J. Ezell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7-19-06*  
Date Daytime Phone #