


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000134386	
1. Entity Name GARY EZELL DRYWALL, INC.	

Principal Place of Business 504 DIXIE HIGHWAY AUBURDALE, FL 33823	Mailing Address 504 DIXIE HIGHWAY AUBURDALE, FL 33823
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DO NOT WRITE IN THIS SPACE



04022007 No Chg-P CR2E034 (11/05)

4. FEI Number 31-1054547	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 EZELL, GARY 504 DIXIE HIGHWAY AUBURDALE, FL 33823

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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 _____

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	PD EZELL, GARY L 504 DIXIE HIGHWAY AUBURDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EZELL, TAMMY L 504 DIXIE HIGHWAY AUBURDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EZELL, DEREK L 504 DIXIE HIGHWAY AUBURDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EZELL, DONALD L 100 CLAYTON ROAD AUBURDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/16/07-80010-020 150.00

**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: **X** *Gary L. Ezell* **X** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____