

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90014 019 ***150.00

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1. Entity Name
KJM DRYWALL INC.



Principal Place of Business
340 BANYAN LANE
PORT ORANGE, FL 32127

Mailing Address
340 BANYAN LANE
PORT ORANGE, FL 32127

40042182



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232006 Chg-P CR2E034 (11/05)

4. FEI Number
20-0438745

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCDONALD, KEVIN
342 BANYAN LANE
PORT ORANGE, FL 32127

7. Name and Address of New Registered Agent

Name MCDONALD, Kevin
Street Address (P.O. Box Number is Not Acceptable)

340 Banyan lane
City Port Orange FL Zip Code 32127

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
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PVT
NAME MCDONALD, KEVIN ☐ Delete
STREET ADDRESS 342 BANYAN LANE
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE S
NAME MCDONALD, DIANNE ☐ Delete
STREET ADDRESS 342 BANYAN LANE
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVT ☒ Change ☐ Addition
NAME MCDONALD, Kevin
STREET ADDRESS 340 Banyan lane
CITY-ST-ZIP Port Orange, FL 32127

TITLE S ☒ Change ☐ Addition
NAME McDonald, Diane
STREET ADDRESS 340 Banyan lane
CITY-ST-ZIP Port Orange, FL 32127

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-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 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: Kevin McDonald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-06
Date

386-760-3997
Daytime Phone #