


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 08:00 A
Secretary of State

DOCUMENT # P03000141411 1. Entity Name ALL PHASE DRYWALL AND CONSTRUCTION INC.	
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Principal Place of Business 808 WOODWARD AVENUE APT. A PORT ST. JOE, FL 32456 US	Mailing Address 808 WOODWARD AVENUE APT. A PORT ST. JOE, FL 32456 US
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DO NOT WRITE IN THIS SPACE



02072008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0438702	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHILDERS, BRIAN W 111 BRENDA DRIVE PORT ST. JOE, FL 32456
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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 After May 1, 2008 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 CHILDERS, BRIAN W 111 BRENDA DRIVE PORT ST. JOE, FL 32456
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CHILDERS, RODGER W 808 WOODWARD AVE., A PORT ST. JOE, FL 32456
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC CHILDERS, ROBERT W 808 WOODWARD AVE., A PORT ST. JOE, FL 32456
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/28/08-80031-012 158.75

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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: Brian Childers Brian Childers 2-20-08 850-527-6751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #