

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90388 002 ***150.00

DOCUMENT # P03000143824

1. Entity Name
JBD DRYWALL, INC.



Principal Place of Business
**2417 QUAIL HOLLOW CT
KISSIMMEE, FL 34744 US**

Mailing Address
**2417 QUAIL HOLLOW CT
KISSIMMEE, FL 34744 US**

2. Principal Place of Business
2430 Peace Cir
Suite, Apt. #, etc.

3. Mailing Address
2430 Peace Cir.
Suite, Apt. #, etc.

City & State
Kissimmee FL
Zip
34758 Country

City & State
Kissimmee FL
Zip
34758 Country

03292006 Chg-P CR2E034 (11/05)

4. FEI Number
APPLIED FOR 90-0126015 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**CRUZ, JOSE
2417 QUAIL HOLLOW CT
KISSIMMEE, FL 34744**

7. Name and Address of New Registered Agent
Name **Jose I Cruz**
Street Address (P.O. Box Number is Not Acceptable)
2430 Peace Cir
City **Kissimmee FL** Zip Code **34758**

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, JOSE		NAME	JOSE CRUZ	
STREET ADDRESS	2417 QUAIL HOLLOW CT		STREET ADDRESS	2430 PEACE CIRCLE	
CITY-ST-ZIP	KISSIMMEE, FL 34744		CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, BENJAMIN		NAME		
STREET ADDRESS	2417 QUAIL HOLLOW CT		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34744		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: JOSE I CRUZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____