

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000144344

1. Entity Name

TRIPLE B DRYWALL, INC.



Principal Place of Business

505 BARTOW ST.
FT. PIERCE, FL 34982

Mailing Address

5809 SUNSET BOULEVARD
FT. PIERCE, FL 34982



03282006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2421062

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRINAS, ALEX
5809 SUNSET BOULEVARD
FT. PIERCE, FL 34982

**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
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
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
BRINAS, ALEX
5809 SUNSET BOULEVARD
FT. PIERCE, FL 34982

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
BRINAS, JOSEPH
5809 SUNSET BOULEVARD
FT. PIERCE, FL 34982

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000494278
04/20/06-80039-005 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEX BRINAS (PRES) 3/30/06

Date

Daytime Phone #