## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 30, 2007 08:00 All Secretary of State **DOCUMENT # P03000147249** 1. Entity Name A A & S DRYWALL, INC. Principal Place of Business Mailing Address 10602 AZALEA DR 10602 AZALEA DR PORT RICHEY, FL. 34668 PORT RICHEY, FL 34668 04272007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 80-0084649 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SEDLAK, JEFFREY S DO NOT WRITE 10602 AZALEA DR PORT RICHEY, FL 34668 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE DPS SEDLAK, JEFFREY S NAME STREET ADDRESS 10602 AZALEA DR CITY-ST-ZIP PORT RICHEY, FL 34668 TITLE NAME U00000749294 STREET ADDRESS 05/18/07-80018-013 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 affacting on the receiver of 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 affacting on the receiver of the receiver of

SIGNATURE:

CITY-ST-ZIP