

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90020 025 ***150.00

DOCUMENT # P03000150127	
1. Entity Name UP RITE DRYWALL INC.	



Principal Place of Business 12105 W BALD EAGLE COURT CRYSTAL RIVER, FL 34429	Mailing Address 12105 W BALD EAGLE COURT CRYSTAL RIVER, FL 34429
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2. Principal Place of Business 12600 S OAKVIEW AVE	3. Mailing Address 12600 S OAKVIEW AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FLORAL CITY FL	City & State FLORAL CITY FL
Zip 34436	Country
Country	Zip 34436
Country	Country

40017240



02112006 Chg-P CR2E034 (11/05)

4. FEI Number 58-2678621	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 KOEHL, FREDERICK 6050 W GULF TO LAKE HWY CRYSTAL RIVER, FL 34429

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PRUITT, JAMES D 12105 W BALD EAGLE COURT CRYSTAL RIVER, FL 34429 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12600 S OAKVIEW AVE FLORAL CITY, FL 34436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: James D. Pruitt JAMES D. PRUITT 2-20-06 352-341-5556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #