

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000150286

1. Entity Name

GORDON DRYWALL, INC.



Principal Place of Business

16610 NE 46TH CT.
CITRA FL 32113

Mailing Address

P.O. BOX 954
CITRA FL 32113

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number
20-0477987

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNES & JAMES, P.A.
2629 BLAIR STONE ROAD
TALLAHASSEE FL 32301

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

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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GORDON, MELVIN L	
STREET ADDRESS	P.O. BOX 954	
CITY-ST-ZIP	CITRA FL 32113	
TITLE	V	<input type="checkbox"/> Delete
NAME	GORDON, MALVIN	
STREET ADDRESS	P.O. BOX 954	
CITY-ST-ZIP	CITRA FL 32113	
TITLE	S	<input type="checkbox"/> Delete
NAME	GORDON, LISA	
STREET ADDRESS	P.O. BOX 954	
CITY-ST-ZIP	CITRA FL 32113	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAMILTON, JERRY	
STREET ADDRESS	P.O. BOX 575	
CITY-ST-ZIP	ANTHONY FL 32617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	U000000425323	
CITY-ST-ZIP	02/18/06-80092-003 158.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Melvin Gordon L. MELVIN Gordon L 2-4-06 595-1819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #