

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000151107

FILED
Jun 08, 2009
Secretary of State

Entity Name: FORD'S DRYWALL OF NWFL INCORPORATED

Current Principal Place of Business:

3415 MCLAIN DR
CRESTVIEW, FL 32539

New Principal Place of Business:

Current Mailing Address:

3415 MCLAIN DR
CRESTVIEW, FL 32539

New Mailing Address:

FEI Number: 84-1628169 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HICKMAN, JAMES A
220 GOVERNMENT ST STE 1
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FORD, TAMMY E
Address: 3415 MCLAIN DRIVE
City-St-Zip: CRESTVIEW, FL 32539

Title: VP () Delete
Name: FORD, JACK
Address: 3415 MCLAIN DRIVE
City-St-Zip: CRESTVIEW, FL 32539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMMY E FORD

P

06/08/2009

Electronic Signature of Signing Officer or Director

_____ Date