


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000151888 1. Entity Name J&O SERVIN DRYWALL, INC.	
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Principal Place of Business 1762 HAZELTON AV. DELTONA, FL 32738	Mailing Address 1762 HAZELTON AV. DELTONA, FL 32738
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DO NOT WRITE IN THIS SPACE



08292007 No Chg-P CR2E034 (11/05)

4. FEI Number 61-1460581	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SERVIN-JIMINEZ, JOSE 1762 HAZELTON AV. DELTONA, FL 32738	DO NOT WRITE IN THIS SPACE
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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 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P SERVIN-JIMINEZ, JOSE 1762 HAZELTON AV. DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S SERVIN-JIMINEZ, EDUARDO 2367 NAUTICAL WAY #101 WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S MANRIQUEZ-DURAN, FRANSISCO 2101 SEA PORT CIR. #113 WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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09/11/07-80007-003 158.75

**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: Jose K. Servin Jimenez **08/31/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

321-356-8086