

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 20, 2006 8:00 am**  
**Secretary of State**

06-20-2006 90011 005 \*\*\*150.00

**DOCUMENT # P03000152621**

1. Entity Name  
**DAVID PRATT DRYWALL, INC.**



Principal Place of Business

**1013 USINA AVENUE  
FLORAHOME, FL 32140**

**Interlachen, FL 32148**

Mailing Address

**1013 USINA AVENUE  
FLORAHOME, FL 32140**

**Interlachen, FL 32148**

**DO NOT WRITE IN THIS SPACE**



06162006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**43-2039835**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PRATT, DAVID  
1013 USINA AVE  
INTERLACHEN, FL 32148**

**DO NOT WRITE  
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 David Pratt

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**6-16-06**

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PRATT, DAVID  
1013 USINA AVENUE  
INTERLACHEN, FL 32148**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PRATT, TINA  
1013 USINA AVENUE  
INTERLACHEN, FL 32148**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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: David Pratt  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**6-16-06/386-864-4300**