## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 27, 2006 8:00 am Secretary of State DOCUMENT # P03000152634 03-27-2006 90258 029 \*\*\*150.00 1. Entity Name LEE'S DRYWALL, INC. Principal Place of Business Mailing Address 2301 BOBWHITE LANE 2301 BOBWHITE LANE PENSACOLA FL 32534 PENSACOLA FL 32534 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 20-0540035 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORRIS, DAUPHEN L Street Address (P.O. Box Number is Not Acceptable) 2301 BOBWHITE LANE PENSACOLA FL 32534 City 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Defete TITLE ☐ Change ☐ Addition NAME MORRIS, DAUPHEN I. NAME STREET ADDRESS 2301 BOBWHITE LANE STREET ADDRESS PENSACOLA FL 32534 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME GAIVEY, MICHAEL STREET ADDRESS 5612 CACTUS STREET STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32503 CITY-ST-ZIP TITLE - Detate TITLE Addition NAME KELLEY, KATINA L NAME STREET ADDRESS 2152 ACADEMY DRIVE STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32514 CITY-SI-ZIP TITLE ■ Delete Change noitibhA NAME MORRIS, JESSICA D 3160 TUNNEL ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PACE FL 32571 CITY-ST-ZIP ☐ Defete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITL F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 atjachment with an address, with all other like empowered.

SIGNATURE:

**FILED**