

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000154218**

1. Entity Name  
**DINOSAUR DRYWALL, INC.**



Principal Place of Business  
**2926 AVERY AVENUE  
SARASOTA, FL 34232**

Mailing Address  
**2926 AVERY AVENUE  
SARASOTA, FL 34232**



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0507189**

Applied For  
Not Applicable

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

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

**LOMBARDO, MICHAEL J  
2926 AVERY AVENUE  
SARASOTA, FL 34232**

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000784470  
01/16/08-80056-019 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PT
NAME	LOMBARDO, MICHAEL J
STREET ADDRESS	2926 AVERY AVENUE
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	VP
NAME	LEONARD, THOMAS
STREET ADDRESS	3616 PINE ROAD
CITY-ST-ZIP	VENICE, FL 34293
TITLE	S
NAME	LEONARD, CHARLES
STREET ADDRESS	15 N. MANGO ST. APT. E
CITY-ST-ZIP	ENGLEWOOD, FL 34223
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:** *Michael J Lombardo* **MICHAEL J LOMBARDO** 1/10/08 941 356 8459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #