FILED
Apr 05, 2006 8:00 am
Secretary of State
04-05-2006 90140 017 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000158019

1. Entity Name
SHIRLEY DRYWALL, INC.

900440 10

Principal Place of Business	Mailing Address
6557 SE 145TH ST SUMMERFIELD, FL 34491	6557 SE 145TH ST SUMMERFIELD, FL 34491

04032008 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 81-0640490 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHIRLEY, FRANCIS (G) Spelling Correction Only
6557 SE 145TH ST
SUMMERFIELD, FL 34491

7. Name and Address of New Registered Agent

Name SHIRLEY, FRANCES
Street Address (P.O. Box Number is Not Acceptable) STA
City FL 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: Frances A Shirley
(Signature required of previously named registered agent and filing officer when applicable.) (PRINT Registered Agent Signature required when manually) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SHIRLEY, ERNEST WAYNE 6557 SE 145TH ST SUMMERFIELD, FL 34491	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M SHIRLEY, ANTHONY WAYNE 6325 S.E. 145 STREET SUMMERFIELD, FL 34491	☒ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M SHIRLEY, CHARLES W 6901 N.W. 1ST STREET OCALA, FL 34475	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M SHIRLEY, ROBERT W 5 PINE TRACK RUN OCALA, FL 34472	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 4/2/06
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date
Daytime Phone #