

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90149 016 ***150.00

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05242006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000158094 1. Entity Name ABOVE ALL DRYWALL, INC.			
Principal Place of Business 2126 ORANGE BLOSSOM SEBRING, FL 33870		Mailing Address 2126 ORANGE BLOSSOM SEBRING, FL 33870	
2. Principal Place of Business 553 East Center Ave Suite, Apt. #, etc.		3. Mailing Address 553 East Center Ave Suite, Apt. #, etc.	
City & State Sebring FL Zip 33870		City & State Sebring FL Zip 33870	
Country Highlands		Country Highlands	
4. FEI Number 20-0499191		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, BENJAMIN 2126 ORANGE BLOSSOM SEBRING, FL 33870		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, BENJAMIN 2126 ORANGE BLOSSOM SEBRING, FL 33870	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Taylor, Benjamin 553 East Center Ave Sebring, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KROHN, FRANCES RANA 2126 ORANGE BLOSSOM SEBRING, FL 33870	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Benjamin Taylor</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>5/31/06</u> (863) 273-0668 <small>Date Daytime Phone #</small>	