


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000002252 1. Entity Name PRD DRYWALL, INC			
Principal Place of Business P.O. BOX 553 MULBERRY, FL 33860		Mailing Address P.O. BOX 553 MULBERRY, FL 33860	
2. Principal Place of Business <i>2506 Haywood ST</i>		3. Mailing Address <i>PO Box 2492</i>	
City & State <i>Lakeland, FL</i>		City & State <i>Eaton Park</i>	
Zip <i>33801</i>		Zip <i>33040</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number <i>20-0700112</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEEL, TIMOTHY 125 NW 10TH ST MULBERRY, FL 33860		7. Name and Address of New Registered Agent Name <i>Kellie M Yule</i> Street Address (P.O. Box Number is Not Acceptable) <i>2506 Haywood ST</i> City <i>Lakeland</i> FL Zip Code <i>33801</i>	
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 <i>Kellie M Yule</i> DATE <i>9-21-2005</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete DEEL, TIMOTHY 125 NW 10TH ST MULBERRY, FL 33860	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Deel, Timothy 2506 Haywood ST Lakeland, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete DEZARN, GENE 3802 FEATHER DR HIGHLAND CITY, FL 33846	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800060636818 10/17/05--01006--006 **308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P Kellie M Yule 2506 Haywood ST Lakeland, FL 33801
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 exemption stated in Section 119.07(3)(i), 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: <i>Timothy P Deel</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>9-22-05</i> Daytime Phone # <i>863-559-2488</i>	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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STATEMENT OF OFFICERS