2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 08:00 AM Secretary of State

1. Entity Name

B & B DRYWALL, HANGING AND FRAMING INC.



Principal Place of Business

Mailing Address

217 OLEANDER ROAD LAKE WALES, FL 33898

211

217 OLEANDER ROAD LAKE WALES, FL 33898

US



DO NOT WRITE IN THIS SPACE

04102007	No Chg-P	CR2E034 (1	1/05)
4. FEI Number			Applied For

4. FEI Number 20-0539048

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIRD, JOE 217 OLEANDER ROAD LAKE WALES,, FL 33898

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the p ions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered	d Agent signature	required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	
10,	OFFICERS AND DIREC	TORS	I		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIRD, JOE 217 OLEANDER ROAD LAKE WALES, FL 33898				
NAME STREET ADDRESS CITY-ST-ZIP		1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP					

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.

SI	G	N	ΔTI	IIR	F٠

TITLE NAME

STREET ADORESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF MONING OFFICER OR DIRI

4-12-07

Daytime Phone #

04/26/07-80035-021 158.75

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