


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90445 007 \*\*\*150.00

**DOCUMENT # P04000004596**

1. Entity Name  
**SOUTHWEST FLORIDA DRYWALL & PLASTERING, INC.**



Principal Place of Business      Mailing Address  
 270 SUMMERALL RD SW      270 SUMMERALL RD SW  
 LABELLE, FL 33935      LABELLE, FL 33935

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
*270 Summerall Rd SW Sec #2*      *Sec #2*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



63022007    Chg-P    CR2E034 (12/06)

City & State      City & State  
*Labelle, FL*      *Labelle, FL 33935*  
 Zip      Zip  
*Glades*      County

4. FSI Number      Applied For  
**64-2139872**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**COFFEY, JUNE**  
**270 SUMMERALL RD SW**  
**LABELLE, FL 33935**

7. Name and Address of New Registered Agent  
 Name *N/A*  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and the filer acceptable      NOTE: Appropriate Appointments required after recording      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$650.00**

9. Election Campaign Financing Trust Fund Contribution      \$5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	COFFEY, KELLY W	270 SUMMERALL RD SW	LABELLE, FL 33935	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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. 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 at Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: *Kelly W Coffey*      4/26/07      8636750484  
SIGNATURE AND TYPED OR PRINTED NAME OF THE OFFICER OR DIRECTOR      DATE