

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000004753

1. Entity Name
J T DRYWALL INC



Principal Place of Business
**535 CAYMAN DR
LAKE WALES FL 33859**

Mailing Address
**535 CAYMAN DR
LAKE WALES FL 33859**



2. Principal Place of Business - No P.O. Box #

535 CAYMAN DR.

Suite, Apt. #, etc.

3. Mailing Address

535 CAYMAN DR.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State
Lake Wales, Florida

Zip
33859

Country

POIK

City & State
Lake Wales, Florida

Zip
33859

Country

POIK

4. FEI Number **20-0578622**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TOMLIN, JOHN B IV
535 CAYMAN DR
LAKE WALES FL 33859**

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

John B. Tomlin IV

Signature, typed or printed name of registered agent and officer applicable

(NOTE: Registered agent signature required when reinstating)

John B. Tomlin IV

1-30-07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**P/D
TOMLIN, JOHN B IV
535 CAYMAN DR
LAKE WALES FL 33859** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition
**U00000680582
04/04/07-80006-012 150.00**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

John B. Tomlin IV

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-07 863-679-3123

Date Daytime Phone #