## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 21, 2006 8:00 am Secretary of State **DOCUMENT # P04000005809** 04-21-2006 90120 023 \*\*\*150.00 WILLIAM PALMER DRYWALL COMPANY Principal Place of Business Mailing Address 50014654 139 ROBIN RD P.O. BOX 583 POMONA PARK, FL 32181 WELAKA, FL 32193 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03222006 Chg-P CR2E034 (11/05) City & State 4. FEI Number Applied For City & State 90-0131276 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUTLER, WILLIAM E Street Address (P.O. Box Number is Not Acceptable) 1125 NORTH SUMMIT STREET CRESCENT CITY, FL 32112 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE TITLE Delete Delete **BUTLER, WILLIAM E** NAME NAME 1125 NORTH SUMMIT STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRESCENT CITY, FL 32112 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE PALMER, WILLIAM NAME NAME 139 ROBIN RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMONA PARK, FL 32181 CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Channe **HOWLAND-PALMER, JENNIFER** NAME NAME STREET ADDRESS 139 ROBIN RD STREET ADDRESS POMONA PARK, FL 32181 CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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.

me

SIGNATURE: \_

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