

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 JUL 10 PM 4: 01

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P04000007733

1. Entity Name
JFM DRYWALL INC.



Principal Place of Business
2945 W CHEVOIT RD
AVON PARK, FL 33825

Mailing Address
2945 W CHEVOIT RD
AVON PARK, FL 33825



05012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0625282

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COLLEY FINANCIAL SVCS., INC.
209 US 27 S
LAKE PLACID, FL 33852

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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 title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May/By Added to Fees

500102357085
11/07--01074--001 **3972.50

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARTINEZ, JUAN F
STREET ADDRESS	2945 W CHEVOIT RD
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: Juan F Martinez 6/1/07 863-452-5306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #