## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000008208

TRONCOSO, GUADALUPE JOSE

413 MACCHI AVENUE

OAKLAND, FL 34787

Name:

Address:

City-St-Zip:

**FILED** Feb 12, 2008 Secretary of State

Entity Name: LEON'S DRYWALL, CORP. **Current Principal Place of Business: New Principal Place of Business:** 413 MACCHI AVENVE OAKLAND, FL 34787 **Current Mailing Address: New Mailing Address:** 413 MACCHI AVENVE OAKLAND, FL 34787 FEI Number: 20-0657391 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEON, HECTOR 413 MACCHI AVENUE OAKLAND, FL 34787 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition LEON, HECTOR Name: Name: 413 MACCHI AVENUE Address: Address: City-St-Zip: OAKLAND, FL 34787 City-St-Zip: Title: Title: (X) Change ( ) Addition () Delete HERNANDEZ, PASCUAL ROMERO, JOSE FRANCISCO Name: Name: 413 MACCHI AVENUE 521 S PARK AVE Address: Address: OAKLAND, FL 34787 WINTER GARDEN, FL 34787 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: VΡ

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: HECTOR LEON PS 02/12/2008

(X) Change ( ) Addition

LEON, JUAN

821 HAMMOCK DR

OCOEE, FL 34761