


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90011 016 \*\*\*150.00

DOCUMENT # P04000008725  
 1. Entity Name  
 DUANE BORGAN DRYWALL INC.



Principal Place of Business      Mailing Address  
 19 OVERSTREET DRIVE      19 OVERSTREET DRIVE  
 MARY ESTHER, FL 32569      MARY ESTHER, FL 32569

**40042385**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc      Suite, Apt. # etc  
 City & State      City & State  
 Zip      Country      Zip      Country

03142007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
 20-0592231      Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BORGAN, DUANE 910 CANOPY LAKE FORT WALTON BEACH, FL 32547	Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>19 OVERSTREET DR.</b> City <b>MARY ESTHER</b> <b>FL</b> Zip Code <b>32569</b>

← CORRECT  
 → INCORRECT

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 officer or director      Name of Registered Agent      Date of Signature

**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 Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> BORGAN, DUANE 19 OVERSTREET DRIVE MARY ESTHER, FL 32569	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Duane Borgan*      DUANE BORGAN      3/20/07 (850) 974-6152  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Calling Phone #