2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2007 08:00 AM Secretary of State

				=	* - P -	~-, -	
DOCUMENT # P0400010602 1. Entity,Name JJR DRYWALL, INC.				S	ecreta	ary of Sta	
Principal Place 1102 43RD ORLANDO, F		Mailing Address 1102 43RD ROAD ST ORLANDO, FL 32839					### 11 11 #############################
	OO NOT WRITE	IN THIS SPA	CE	03022007 4. FEI Number 51-0492	No Chg-P	CR2E034	Applied For Not Applicable
	6. Name and Address of Current Re	gistared Agent				F	e Required
	JESUS R D ROAD ST D, FL 32839			_	NOT WI		
	e named entity submits this statement for the tions of registered agent.	ne purpose of changing its register	ed office or register	ed agent, or both	n, in the State of Flor		_
SIGNATURE Scient 1. Summer			3-23-07				
	Signature, typed or printed name of registered agent and	title if applicable (NOTE: Registere	ed Agent signature required	when reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution.	ncing \$5.	.00 May Be ed to Fees			
10. IITLE NAME STREET ADDRESS CITY ST-ZIP IITLE NAME	OFFICERS AND DI D RODRIGUEZ, JAVIER I POST OFFICE BOX 163138 ALTAMONTE SPRINGS, FL 32716 S SUAREZ, JESUS R		-		U00000 04/10/07-	1688033 -80063-	019 150.00
STREET ADDRESS CITY-ST-ZIP	I						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W		
TITLE NAME				IN T	HIS SP	ACE	

12. Thereby certify that the information supplied with this filling 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.

SI	CN	ΔT	HD	F.

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jess 1. Susnez

3-23-07

Date

Daytime Phone #