


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90048 005 \*\*\*150.00

**DOCUMENT # P04000011187**

1. Entity Name  
**ESCO DRYWALL, INC.**



Principal Place of Business      Mailing Address  
 1717 SW COLUMBIA ST.      1717 SW COLUMBIA ST.  
 PORT ST. LUCIE, FL 34987 US      PORT ST. LUCIE, FL 34987 US

90041076

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**P.O. 882291**      **P.O. Box 882291**

Suite, Apt. #, etc.      Suite, Apt. #, etc.



03042008      Chg-P      CR2E034 (12/06)

City & State      City & State  
**PORT ST. LUCIE, FL**      **PORT ST. LUCIE, FL**

Zip      Country      Zip      Country  
**34988**      **USA**      **34988**      **USA**

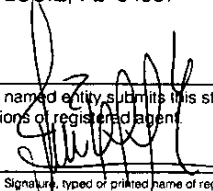
4. FEI Number      Applied For  
**20-0613011**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**ESCOBAR, JUAN**  
 1717 SW COLUMBIA ST.  
 PORT ST. LUCIE, FL 34987

7. Name and Address of New Registered Agent  
 Name **JUAN ESCOBAR**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1152 SW NORTHLAND DR.**  
 City **PORT ST. LUCIE**      **FL**      Zip Code **34987**

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:       **JUAN ESCOBAR**      **03-05-2008**

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

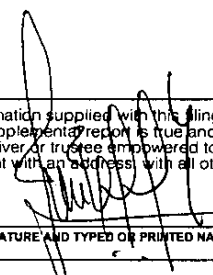
10. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>ESCOBAR, JUAN</b>
STREET ADDRESS	<b>1717 SW COLUMBIA ST.</b>
CITY-ST-ZIP	<b>PORT ST. LUCIE, FL 34987</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>GOMEZ, DIANA</b>
STREET ADDRESS	<b>1717 SW COLUMBIA ST.</b>
CITY-ST-ZIP	<b>PORT ST. LUCIE, FL 34987</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRESIDENT JUAN ESCOBAR</b>
STREET ADDRESS	<b>P.O. BOX 1882291</b>
CITY-ST-ZIP	<b>PORT ST. LUCIE, FLORIDA, 34988</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VICE-PRESIDENT GOMEZ, DIANA</b>
STREET ADDRESS	<b>P.O. BOX 882291</b>
CITY-ST-ZIP	<b>PORT ST. LUCIE, FL, 34988</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE:       **JUAN ESCOBAR**      **03-05-2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #