

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 25, 2009  
Secretary of State

DOCUMENT# P04000011187

Entity Name: ESCO DRYWALL, INC.

**Current Principal Place of Business:**

P.O. BOX 882291  
PORT SAINT LUCIE, FL 34988 US

**New Principal Place of Business:**

11152 SW NORTHLAND DR  
PORT SAINT LUCIE, FL 34987 US

**Current Mailing Address:**

P.O. BOX 882291  
PORT SAINT LUCIE, FL 34988 US

**New Mailing Address:**

FEI Number: 20-0613011      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ESCOBAR, JUAN  
11152 SW NORTHLAND DR  
PORT ST. LUCIE, FL 34987 US

**Name and Address of New Registered Agent:**

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:**

Title: P ( ) Delete  
Name: ESCOBAR, JUAN  
Address: P.O. BOX 1882291  
City-St-Zip: PORT SAINT LUCIE, FL 34988 US

Title: VP ( ) Delete  
Name: GOMEZ, DIANA  
Address: P.O. BOX 882291  
City-St-Zip: PORT SAINT LUCIE, FL 34988 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: JUAN ESCOBAR

OWNE

03/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date