

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

03-02-2006 90011 043 \*\*\*150.00

DOCUMENT # P04000017366

1. Entity Name  
CHICA DRYWALL, INC.



Principal Place of Business  
~~2214 GRAND CAYMAN CT., APT. 1533~~  
KISSIMMEE, FL 34741

Mailing Address  
~~2214 GRAND CAYMAN CT., APT. 1533~~  
KISSIMMEE, FL 34741

2. Principal Place of Business  
190 Toluca Dr.  
Suite, Apt. #, etc.

3. Mailing Address  
190 Toluca Dr.  
Suite, Apt. #, etc.

City & State  
Kissimmee

City & State  
Kissimmee

4. FEI Number  
77-0618865

Applied For  
Not Applicable

Zip  
34743

Country  
Osceola

Zip  
34743

Country  
Osceola

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

CHICA, JOSE B  
~~2214 GRAND CAYMAN CT., APT. 1533~~  
KISSIMMEE, FL 34741

Name  
Street Address (P.O. Box Number is Not Acceptable)  
190 Toluca Dr.  
City Kissimmee FL Zip Code 34743

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

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, 2006 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 D ☐ Delete  
NAME CHICAS, JOSE B  
STREET ADDRESS ~~2214 GRAND CAYMAN CT., APT. 1533~~  
CITY-ST-ZIP ~~KISSIMMEE, FL 34741~~

TITLE ☐ Change ☐ Addition  
NAME 190 Toluca Dr.  
STREET ADDRESS Kissimmee Fl. 34743  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: JOSE B. CHICAS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-06

Date

Daytime Phone #