## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

## FILED May 03, 2007 08:00 A Secretary of State DOCUMENT # P04000017729 1. Entity Namo JORDAN'S DRYWALL INC. Principal Place of Business Mailing Address 845 MIKASUKI DRIVE 845 MIKASUKI DRIVE LAKELAND FL 33813 LAKELAND FL 33813 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Number Applied For 20-0656245 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JORDAN, JEFF 845 MIKASUKI DRIVE Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33813 Zip Code 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or punted name of registered agent and title it applicable. DATE (NOTE; Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete Addition TITLE IIIIE Change JEFF, JORDAN NAME NAME 845 MIKASUKI DRIVE U00000757896 STREET ADDRESS STREET ADDRESS LAKELAND FL 33813 05/23/07-80089-022 City-SI-ZIP CITY-ST-7/P 150.00 THLE TITLE ■ Addition □ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7IP TITLE ☐ Delete TILLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-OI-ZIC -CITY-CI-2ID--TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP THUE Delete HE ☐ Change ☐ Addition NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

OF SIGNING OFFICER OR DIRECTOR

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