

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000023839

1. Entity Name
JOSE A LOBATO DRYWALL INC.



Principal Place of Business
**642 STATE ROAD 62
BOLLING GREEN, FL 33834**

Mailing Address
**642 STATE ROAD 62
BOLLING GREEN, FL 33834**



07092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0733657

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOBATO, JOSE
642 STATE ROAD 62
BOLLING GREEN, FL 33834**

**DO NOT WRITE
IN THIS SPACE**

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 restate)

U000000768379
07/12/07-80007-009 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PT
LOBATO, JOSE
642 STATE ROAD 62
BOLLING GREEN, FL 33834**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
LOBATO, MARCELINA
642 ST RD 62
BOWLING GREEN, FL 33834**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
LOBATO, MARTIN
642 ST. RD 62
BOWLING GREEN, FL 33834**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 A. Lobato

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/07 863)781-4814

Date

Daytime Phone #