2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: LOSE C GATCIA R
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FILED Apr 20, 2006 8:00 am Secretary of State 04-20-2006 90186 041 ***150.00

DOCUMENT # P0400031528 1. Entity Name JOSE'S DRYWALL SERVICES INC.								04-20-2006 9	90186 041	***150	0.00	
Principal Place of Business Mailing Address							T	. • -				
809 S 9TH AVE				809 S 9TH AVE								
WAUCHULA, FL 33873				WAUCHULA, FL 33873								
2. Principal Place of Business			3.	3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04172006	Chg-P	CR2E03	4 (11/05)		
City & State				City & State		4. FEI Numb 20-073			_ `	plied For t Applicable		
Zip	Country		İ	Zip Coun		try	5. Certificate of Status Desired		\$8.75 Additional Fee Required			
6. Name and Address of Current R				stered Agent	7. Name and Address of New Registered Agent							
GARCIA, JOSE G						Name						
809 S 9TH AVE						Street Address (P.O. Box Number is Not Acceptable)						
WAUCHULA, FL 33873												
						City Zip Code						
8. The above gamed entity submits this statement for the purpose of changing its angles.						ad affice or registe	FL The state of					
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. (NDTE: Registered Agent alignature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.							5.00 May Be ded to Fees					
10.	OFFICERS AND I			CTORS		ADDITIONS	/CHANGES TO OFF	CERS AND D	DIRECTORS	S IN 11		
TITLE NAME	P GARCIA, JOSE G			☐ Delete	E			+	Change	Addition		
STREET ADDRESS	1				ET ADDRESS							
CITY-ST-ZIP	WAUCHU	LA, FL 33873			CITY	-ST-ZIP				<u>.</u>		
TITLE NAME	☐ Delete 711					, ha	erage or	Garcia		☐ Change	Addition	
STREET ADDRESS					ET ADDRESS	9 5 97	L Aue					
CITY-ST-ZIP	C					-ST-ZIP	waul	mlate	338	73		
TITLE NAME				☐ Delete	TITU	1.7	emages	0	l	Change	Addition	
STREET ADDRESS					NAM STRE	ET ADDRESS	scould	renez				
CITY-ST-ZIP					CITY	-ST-ZIP	<u>ناطم کے للہ</u>	ila F	L 339	8 7 3		
TITLE				Delete	TITL	1			I	Change	Addition	
name Street address					NAM STRE	ET ADDRESS						
CITY+ST-ZIP					CHTY	-ST-ZIP						
TITLE				☐ Delete	TITL					☐ Change	☐ Addition	
NAME STREET ADDRESS					NAM	ET ADDRESS						
CITY-ST-ZIP						-ST-ZIP						
TITLE				☐ Delete	TITL			'		☐ Change	☐ Addition	
NAME Street address	1				NAM Stri	EET ADDRESS						
CITY+ST-ZIP				*		-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.												