


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000034102 1. Entity Name M.A.O. DRYWALL, INC.	
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Principal Place of Business 1017 GOLFSIDE CT KISSIMMEE, FL 34741 US	Mailing Address 1017 GOLFSIDE CT KISSIMMEE, FL 34741 US
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01132006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0768608	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ORDONEZ, MARIO A 1017 GOLFSIDE CT KISSIMMEE, FL 34741
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**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 reappointing) 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORDONEZ, MARIO A 1719 NORTH CENTRAL AV APT 39 KISSIMMEE, FL 34741
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ORDONEZ, CANDELARIA O 1017 GOLFSIDE CT KISSIMMEE, FL 34741
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANCHEZ, JUAN F 1017 GOLFSIDE CT KISSIMMEE, FL 34741
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/24/06-80095-021 158.75

**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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/2006
Date

Daytime Phone #