

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000035820

Entity Name: CFS DRYWALL, INC.

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

474 SW EXMORE AVE.  
PORT ST. LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

474 SW EXMORE AVE.  
PORT ST. LUCIE, FL 34983

**New Mailing Address:**

FEI Number: 13-4279488

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHIPLEY, CHARLES  
474 SW EXMORE AVE.  
PORT ST. LUCIE, FL 34983 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: SHIPLEY, CHARLES  
Address: 474 SW EXMORE AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D  
Name: SHIPLEY, CHARLES  
Address: 474 SW EXMORE AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34983

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES SHIPLEY

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04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date