2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P04@00045048

RILEY WOOD DRYWALL, INC.



FILED Jun 02, 2006 08:00 AM Secretary of State

Principal Place of Business

2500 BASS BOULEVARD GENEVA, FL 32732

Mailing Address

2500 BASS BOULEVARD GENEVA, FL 32732

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05262006

No Chg-P

CR2E034 (11/05)

4. FEI Number 06-1719842

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required Territoria de Sala de S Sala de Sala d

6. Name and Address of Current Registered Agent

WOOD, RILEY 2500 BASS BOULEVARD GENEVA, FL 32732

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	** **********************************	TO SECTION AND ASSESSMENT OF THE ASSESSMENT	Service Servic
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	named entity submits this statement for the ions of registered agent.	he purpose of changing its re	egistered office or re	egistered agent, or bo	oth, in the State of Florida. I am tamilíar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable (NOTE: if	Registered Agent signature	required when reinstating)	DATE
	LE NOW!!! FEE IS \$150.00 ue by September 6, 2006	9. Election Campaign Trust Fund Contrib	~ —	\$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 DI	RECTORS	ent the leaf	كالداف ويتركي ووصور ومترجات	A CONTRACTOR OF THE CONTRACTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, RILEY 2500 BASS BOULEVARD GENEVA, FL 32732				

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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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TATLE

NAME STREET ADDRESS

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP