2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000050023

City-St-Zip:

Entity Name: WESTERMAN DRYWALL OF CENTRAL FLORIDA INC.

FILED Feb 01, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
40404 HOL EUSTIS, F	LY BRANCH L 32736 U					
Current Mailing Address:			New Maili	New Mailing Address:		
40404 HOL EUSTIS, F	LY BRANCH L 32736 U					
FEI Number:	01-0592716	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
	MAN, GEORGE LLY BRANCH L 32736 US	RD				
The above in the State		submits this statement for the p	urpose of changing i	ts registered of	fice or registered agent, or both,	
SIGNATUR	RE:					
	Electror	nic Signature of Registered Age	nt		Date	
Election Can	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () WESTERMAN, 40404 HOLLY I EUSTIS, FL 32	BRANCH RD.	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	O () LEWIS, DAVID 40404 HOLLY I EUSTIS, FL 32		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name:		Delete	Title: Name:	O () WESTERMAN, O		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

EUSTIS, FL 32736 US

SIGNATURE: GEORGE WESTERMAN JR P 02/01/2007