2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 08:0[illegible] AM
Secretary of State

DOCUMENT # P04000061265

1. Entity Name

BUILDER'S CHOICE DRYWALL, INCORPORATED

Principal Place of Business	Mailing Address
362 SOUTHWEST LAKEHURST DRIVE PORT SAINT LUCIE FL 34983	362 SOUTHWEST LAKEHURST DRIVE PORT SAINT LUCIE FL 34983

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E0[illegible]

4. FEI Number 75-3153177

5. Certificate of Status Desired ☐

6. Name and Address of Current Registered Agent

BRIANS, RUSSELL
362 SOUTHWEST LAKEHURST DRIVE
PORT SAINT LUCIE FL 34983

7. Name and Address of New Registere[illegible]

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 [illegible] the obligations of registered agent.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Fin[illegible] Trust Fund Contributio[illegible]

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	BRIANS, RUSSELL	
STREET ADDRESS	362 SOUTHWEST LAKEHURST DRIVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS A[illegible]

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	U00000485433
STREET ADDRESS	04/12/06--80083
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I furthe[illegible] 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, [illegible] of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name ap[illegible] if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Russell Brians 3/16/06 772-[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date