

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000067256

1. Entity Name
APACE DRYWALL OF NORTHEAST FLORIDA, INC.



Principal Place of Business
205 BUSH COURT
GREEN COVE SPRINGS, FL 32043

Mailing Address
205 BUSH COURT
GREEN COVE SPRINGS, FL 32043

FILED
Jul 23, 2008 08:00 AM
Secretary of State



07182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1064970

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LONG, DONALD B JR.
205 BUSH COURT
GREEN COVE SPRINGS, FL 32043

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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 reinstating)

DATE

U000000956065
07/23/08-80002-020 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 DIRECTORS

| | |
|----------------|------------------------------|
| TITLE | P |
| NAME | LONG, DONALD B JR. |
| STREET ADDRESS | 205 BUSH COURT |
| CITY-ST-ZIP | GREEN COVE SPRINGS, FL 32043 |
| TITLE | D |
| NAME | LONG, KIRSTEN |
| STREET ADDRESS | 205 BUSH CT |
| CITY-ST-ZIP | GREEN COVE SPRINGS, FL 32043 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**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

Date

Daytime Phone #

Michael S. Long *Kirsten Long* 7-21-08 904-545-5184