


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90014 028 ***150.00

DOCUMENT # P04000067493 1. Entity Name J. RUIZ DRYWALL, INC.					
Principal Place of Business 1902 LIGHTHOUSE WAY, APT. 204 KISSIMMEE, FL 34741			Mailing Address 1902 LIGHTHOUSE WAY, APT. 204 KISSIMMEE, FL 34741		
2. Principal Place of Business 2002 Cascade Blvd Suite, Apt. #, etc. Apt. 204 City & State Kissimmee FL Zip 34741			3. Mailing Address 2002 Cascade Blvd. Suite, Apt. #, etc. Apt. 204 City & State Kissimmee, FL Zip 34741		
Country USA			Country USA		
4. FEI Number 20-1042080			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional - Fee Required		
6. Name and Address of Current Registered Agent RUIZ, JOSE 1902 LIGHTHOUSE WAY, APT. 204 KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u>Jose A Ruiz</u> 2/23/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS <input type="checkbox"/> Delete RUIZ, JOSE 1902 LIGHTHOUSE WAY, APT. 204 KISSIMMEE, FL 34741		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2002 Cascade Blvd. apt. 204 Kissimmee, FL 34741	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete VILLATORO, LORENZO 1902 LIGHTHOUSE WAY, APT. 204 KISSIMMEE, FL 34741		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2002 Cascade Blvd apt. 204 Kissimmee, FL 34741	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CARLOS SEQUOIA, ROBERTO 1902 LIGHTHOUSE WAY, APT. 204 KISSIMMEE, FL 34741		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2002 Cascade Blvd apt. 204 Kissimmee, FL 34741	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Jose A Ruiz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/23/06 321 624-3296		