## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000069431

1. Entity Name BRIAN WERTZBAUGHER DRYWALL CONTRACTOR INC



Principal Place of Business

% BRIAN WERTZBAUGHER 1325 SW GASTADOR AVE PORT ST LUCE, FL 34953 Mailing Address

% BRIAN WERTZBAUGHER 1325 SW GASTADOR AVE PORT ST LUCIE, FL 34953

## FILED Mar 17, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

| 03132006 | No Chg-P | CR2E034 (11/05) |
|----------|----------|-----------------|
|          |          |                 |

4. FEI Number 20-1083599 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WERTZBAUGHER, BRIAN 1325 SW GASTADOR AVE PORT ST LUCIE, FL 34953

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|   |  |                     | 114 1                          | nis space  |
|---|--|---------------------|--------------------------------|--|
| <ol> <li>The above named entity submits this statement for the putthe obligations of registered agent.</li> </ol> | rpose of changing its registered of                        | (lice or regi       | stered agent, or bot           | h, in the State of Florida. I am familiar with, and accept |
| SIGNATURE   | pphoable. (NOTE: Registered Ages                           | ที่ ราผูกสามาระ เลอ | wied when reinstating)         | DATE   |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  | 9. Election Cempaign Financing<br>Trust Fund Contribution. | _                   | \$5.00 May Be<br>Added to Fees |  |
| 10. OFFICERS AND DIRECT   | ORS  |                     |                                |  |
| ITTLE PD  MANE WERTZBAUGHER, BRIAN  STREET ADDRESS 1325 SW GASTADOR AVE  CITY-ST-ZIP PORT ST LUCIE, FL 34953      |  | -                   |                                |  |
| TITLE VP NAME WERTZBAUGHER, SUSAN STREET ADDRESS 1325 SW GASTADOR AVE CITY-S1-ZP PORT ST LUCKE, FL 34953          |  |                     |                                | U00000470703<br>03/28/06-80024-022 150.00                  |
| Title Name Street address City-St-209   |  |                     | DO                             | NOT WRITE  |
| NAME STIEET ADDRESS GITY-ST-ZP  |  |                     | IN 7                           | THIS SPACE   |
| TIFLE NAME SMILET ADDRESS CIPY-ST-2IP   |  |                     |                                |  |
| TITLE HAME STREET ADDRESS CITY-57-ZIP   |  |                     |                                |  |
| 12. I hereby certify that the information supplied with this filling  | ng does not qualify for the exempt                         | tions conta         | ined in Chapter 119            | Florida Statutes I further certify that the information    |

12. I hereby certify that the information supplied with this filling 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 eath; that I am 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

03-13-06

Deytime Phone #