

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90045 024 ***150.00

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1. Entity Name
T & D DRYWALL, INC.

Principal Place of Business
2191 SW 17 PL
BELL, FL 32619

Mailing Address
2191 SW 17 PL
BELL, FL 32619

2. Principal Place of Business - No P.O. Box #
6934 S. Aloysia Ave
Suite, Apt. #, etc.

3. Mailing Address
6934 S. Aloysia Ave
Suite, Apt. #, etc.



02252008 Chg-P CR2E034 (12/06)

City & State
Floral City, Florida
Zip
34436-2842
Country
Citrus

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Floral City, Florida
Zip
34436-2842
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4. FEI Number
56-2459858
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional - Fee Required

6. Name and Address of Current Registered Agent

MANSHIP, TROY J
2191 SW 17 PLACE
BELL, FL 32619

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
PROPP, DOUGLAS D
6934 S. ALOYSIA AVENUE
FLORAL CITY, FL 34436 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
MANSHIP, TROY J
2191 SW 17 PL
BELL, FL 32619 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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:

Troy J. Manship vp *Troy J. Manship* 3-5-08 2195399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #