2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 16, 2007 8:00 am Secretary of State DOCUMENT # P04000072757 1. Entity Name 04-16-2007 90038 033 ***158.75 RICHARD TANNER DRYWALL, INC. Principal Place of Business Mailing Address 3432 SE 6TH STREET 3432 SE 6TH STREET OCALA FL 34471 OCALA FL 34471 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3432 <u>SE 6 ST</u> Suite, Apt. #, etc. 3432 5E 65+ Suite, Apt. #, etc. CR2E034 (10/06) 1st MOORE Ocala City & State City & State 4. FEI Number Applied For 90-0171098 Ocala Fla. Not Applicable Zip Country Country \$8.75 Additional 34471 5. Certificate of Status Desired 34471 Marion Fee Required Marion 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAUNDERS, CATHERINE Street Address (P.O. Box Number is Not Acceptable) 1301 NE 14 STREET OCALA FL 34470 . : 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. (NOTE: Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRES TITLE ☐ Delete TITLE ☐ Addition TANNER, RICHARD E SR NAME NAME 3432 SE 6 STREET STREET ADDRESS STREET ADDRESS OCALA FL 34471 CITY-ST-ZIP CITY-SI-ZIP VΡ HILE ☐ Delete TITLE ☐ Change Addition TANNER, RICHARD E JR NAME 3432 SE 6 STREET STREET ADDRESS STREET ADDRESS OCALA FL 34471 CITY-ST-ZIP CITY - S1 - ZIP TITLE ☐ Defete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP HILE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP THE Delete TITLE ☐ Change ■ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+S1 ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST 7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

echard Tanner Sr. 4-2-07
F SIGNING OFFICER OR DIRECTOR
Date

352 572-2582

FILED