


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000078694</b>					
1. Entity Name <b>BARRY PEEPER DRYWALL INC.</b>					
Principal Place of Business <b>600 NORTHERN WAY 509 WINTER SPRINGS FL 32708 US</b>			Mailing Address <b>600 NORTHERN WAY 509 WINTER SPRINGS FL 32708 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>32-0064678</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>PEEPER, BARRY A 600 NORTHERN WAY #509 WINTER SPRINGS FL 32708</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-appointing) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	<b>PEEPER, BARRY A</b>		NAME		
STREET ADDRESS	<b>600 NORTHERN WAY #509</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E034 (10/05)

4. FEI Number **32-0064678** Applied For Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEEPER, BARRY A  
600 NORTHERN WAY  
#509  
WINTER SPRINGS FL 32708**

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

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STREET ADDRESS	<b>600 NORTHERN WAY #509</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		

**100000436306**  
**02/27/06-80032-012-158.75**

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.

SIGNATURE *Barry A. Peepers* 1-76-06 100315875