

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000080782

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: CHARLES RAULERSON DRYWALL, INC.

## Current Principal Place of Business:

15773 PARETE ROAD  
JACKSONVILLE, FL 32218 US

## New Principal Place of Business:

## Current Mailing Address:

15773 PARETE ROAD  
JACKSONVILLE, FL 32218 US

## New Mailing Address:

FEI Number: 43-2056731

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAULERSON, CHARLES JR.  
15773 PARETE ROAD  
JACKSONVILLE, FL 32218 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RAULERSON, CHARLES JR.  
Address: 15773 PARETE ROAD  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: O ( ) Delete  
Name: WEATHINGTON, WILEY  
Address: 15773 PARETE ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: O ( ) Delete  
Name: WOLF, NICHOLAS  
Address: 15773 PARETE ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: O ( ) Delete  
Name: JAMIE, RAULERSON H  
Address: 14630 PARETE RD  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: O ( ) Delete  
Name: RAULERSON, CHARLES N 111  
Address: 15773 PARETE RD  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: S ( ) Delete  
Name: RAULERSON, RONDA G  
Address: 15773 PARETE RD  
City-St-Zip: JACKSONVILLE, FL 32218 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONDA RAULERSON

S

04/29/2009

Electronic Signature of Signing Officer or Director

Date