

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000099822

1. Entity Name  
SCOTT CARROLL DRYWALL INC.



Principal Place of Business  
7035 INGLESIDE DR.  
PORT RICHEY, FL 34668 US

Mailing Address  
7035 INGLESIDE DR.  
PORT RICHEY, FL 34668 US

2. Principal Place of Business - No P.O. Box #  
7529 Isabella Dr.

3. Mailing Address  
7529 Isabella Dr.

Suite, Apt. #, etc.  
Apt # H

Suite, Apt. #, etc.  
Apt. # H

City & State  
Port Richey, FL

City & State  
Port Richey, Florida

Zip  
34668

Country  
Pasco

Zip  
34668

Country  
Pasco

07222088 REINSTATEMENT (1/07) 07-08

4. FEI Number  
75-3159846

Applied Fee  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CARROLL, DENICE K  
7035 INGLESIDE DR.  
PORT RICHEY, FL 34668

## 7. Name and Address of New Registered Agent

Name: Denice K. Carroll  
Street Address (P.O. Box Number is Not Acceptable)  
7529 Isabella Dr.  
Apt # H  
City Port Richey FL Zip Code 34668

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: Denice K. Carroll

7-22-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME CARROLL, SCOTT L  
STREET ADDRESS 7035 INGLESIDE DR.  
CITY-ST-ZIP PORT RICHEY, FL 34668 ☐ Delete

TITLE VP  
NAME CARROLL, DENICE K  
STREET ADDRESS 7035 INGLESIDE DR.  
CITY-ST-ZIP PORT RICHEY, FL 34668 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME Carroll, Scott L  
STREET ADDRESS 7529 Isabella Dr. Apt. #H  
CITY-ST-ZIP Port Richey, FL 34668 ☐ Change ☐ Addition

TITLE VP  
NAME Carroll, Denice K.  
STREET ADDRESS 7529 Isabella Dr. Apt. #H  
CITY-ST-ZIP Port Richey, FL 34668 ☐ Change ☐ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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: Denice K. Carroll

7-22-08

727-967-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #