

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000102555**

1. Entity Name  
**PINELLAS DRYWALL PROPERTIES, INC.**



Principal Place of Business  
**7190 56 ST N  
PINELLAS PARK, FL 33781**

Mailing Address  
**PO BOX 3367  
PINELLAS PARK, FL 33781**



02202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1590615**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BOHAN, BRUCE  
7190 56TH STREET N  
PINELLAS PARK, FL 33781**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**000000444038  
03/06/06-80036-004 150.00**

**10. OFFICERS AND DIRECTORS**

|                |                         |
|----------------|-------------------------|
| TITLE          | D                       |
| NAME           | BOHAN, BRUCE            |
| STREET ADDRESS | 7190 56 ST N            |
| CITY- ST- ZIP  | PINELLAS PARK, FL 33781 |
| TITLE          | D                       |
| NAME           | BOHAN, DANTYS           |
| STREET ADDRESS | 7190 56 ST N            |
| CITY- ST- ZIP  | PINELLAS PARK, FL 33781 |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY- ST- ZIP  |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY- ST- ZIP  |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY- ST- ZIP  |                         |

**DO NOT WRITE  
IN THIS SPACE**

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 807, 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:**

**Dantys Bohan - Dantys Bohan**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-20-06**  
Date

**727-544-4370**  
Daytime Phone If