


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90023 005 ***150.00

DOCUMENT # P04000104687 1. Entity Name T. ROMERO'S DRYWALL, INC.	
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Principal Place of Business 96 E TEN MILE RD PENSACOLA, FL 32534	Mailing Address 96 E TEN MILE RD PENSACOLA, FL 32534
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40110096

2. Principal Place of Business - No P.O. Box # 2258 LIBRA LANE Suite, Apt. #, etc.	3. Mailing Address 2258 LIBRA LANE Suite, Apt. #, etc.
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05072007 Chg-P CR2E034 (12/06)

City & State PENSACOLA, FLORIDA Zip 32534 Country USA	City & State PENSACOLA, FLORIDA Zip 32534 Country USA
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4. FEI Number 20-1371045	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROMERO, TIMOTHY L 96 E TEN MILE RD PENSACOLA, FL 32534	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROMERO, TIMOTHY L 96 E TEN MILE RD PENSACOLA, FL 32534 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Timothy L. Romero 5/10/07 (850) 471-2688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #