## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P04000108133

1. Entity Name

SUSAN A. NULPH DRYWALL SERVICE, INC



Principal Place of Business

1586 CASS AVE.

PALM BAY, FL 32907 U

Mailing Address

1586 CASS AVE.

PALM BAY, FL 32907

US

## FILED Apr 13, 2006 8:00 am Secretary of State

04-13-2006 90316 005 \*\*\*150.00

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No Chg-P

CR2E034 (11/05)

4. FEI Number 20-1393783

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

321-373-1466

6. Name and Address of Current Registered Agent

NULPH, SUSAN A 1586 CASS AVE NW PALM BAY, FL 32907

SIGNATURE: .

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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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				ture required when reinstating)	OATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NULPH, SUSAN A 1586 CASS AVE NW PALM BAY, FL 32907				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NULPH, JAMES K 1586 CASS AVE NW PALM BAY, FL 32907				
NAME SIREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TIFLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					

Susan A. Nulph - President

NAME OF SIGNING OFFICER OR DIRECTOR