## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 15, 2007 8:00 am Secretary of State

05-15-2007 90009 032 \*\*\*150.00

## DOCUMENT # P04000112356

1. Entity Name

HARPER AND WILSON DRYWALL, INC

				1	5)				
Principal Plac	e of Business	Mailing Address	Mailing Address			4011-			
130 UPTON	ROAD	130 UPTON ROAD							
CENTURY, FL 32535 US		CENTURY, FL 32535	US						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04252007	Chg-P	CR2E034 (12/0	)6)	
City & State		City & State			4. FEI Number			Applied For	
				20-1457	20-1457353 Not Applicable				
Zip Country		Zip	Country		5. Certificate of	Status Desired	□ \$8.75 Fee Req	Additional uired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				Name					
HARPER, 130 UPTO	MICHAEL W		Street Address			(P.O. Box Number is Not Acceptable)			
	', FL 32535								
				City FL Zip Code					
	named entity submits this statement tions of registered agent.	for the purpose of changing if	ts register	ed office or re	egistered agent, or both,	in the State of Fig	orida, i am ramiliar v	ith, and accept	
SIGNATURE.	Signatura, typas or posted cume of registered ag-	sal and other conficulties. (NY	NE bissisten	eri Arment sun sohma	regange whos recostation)		DA!F	···	
	эдинач, туда с рименти не с гедонген од	The distriction of the state of	zit. Trigisjei	-u zajant naj muzar	15-16-16-17		7-11		
EII	E NOW!!! FEE IS \$150.00	9. Election Camp	aign Fina	ncing	\$5.00 May Be				
	ay 1, 2007 Fee will be \$550	0.00 Trust Fund Cor	ntribution.		Added to Fees				
10,	OFFICERS AN	ID DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	ICERS AND DIRECT	ORS IN 11	
TITLE	PTD	☐ Delete	TITL	Ε.			Chan	ge 🔲 Addeboo	
NAME	HARPER, MICHAEL W		NAN	AE .					
STREET ADDRESS	130 UPTON ROAD		STR	EET ADDRESS					
CITY-ST-ZIP	CENTURY, FL 32535		CITY	r-ST-ZIP					
TITLE	VPSD	☐ Delete	TITL	£ \	1PSD		Char	ige 🔲 Addition	
NAME	WILSON, PAUL		NAM	Æ S	Wilson, Paul 0474 Cypress	01			
STREET ADDRESS	7464 CYPRESS ST		STR	EET AODRESS 6	0474 Cypress	: St.			
CITY-ST-ZIP	MILTON, FL 32571		CHY	r-St-ZIP	Milton FL	3257	1 /		
TITLE		☐ Delete	THIL	E			☐ Chai	ge 🔲 Addition	
NAME ,			NAN	AE .					
STREET ADDRESS			SIR	EET ADDRESS					
CITY-ST-ZIP			CITY	/- \$T-ZIP					

12. Thereby 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.

TITLE

NAME

TITLE NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET AUDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE NAME

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

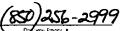
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

Delete





Change

☐ Change

☐ Change

☐ Addition

☐ Addition

☐ Addition