


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000130646 1. Entity Name DAVE'S DRYWALL OF EASTERN FLORIDA, INC.	
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Principal Place of Business 1409 4TH AVE N JACKSONVILLE BEACH, FL 32250	Mailing Address 1409 4TH AVE N JACKSONVILLE BEACH, FL 32250
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**DO NOT WRITE IN THIS SPACE**



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1646691	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALMOND, DAVID L  
 11712 SANDS AVE  
 JACKSONVILLE, FL 32246

**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 \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

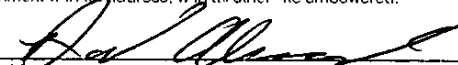
9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

U00000590793  
 01/18/07-80068-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	DPST ALMOND, DAVID L 11712 SANDS AVE JACKSONVILLE, FL 32246
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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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR