


**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.**



Principal Place of Business      Mailing Address  
 1409 4TH AVE N                      1409 4TH AVE N  
 JACKSONVILLE BEACH, FL 32250      JACKSONVILLE BEACH, FL 32250

**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        **\$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 \_\_\_\_\_

Signature and date shall be printed in ink on the face of this certificate. Registered Agent signature required on the reverse.

**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

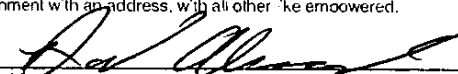
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 01/18/07-80068-025 150.00

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