

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90018 004 ***150.00

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1. Entity Name
PAINT AND DRYWALL INC.



Principal Place of Business
**456 RUSH PARK CIRCLE
MARY ESTHER, FL 32569**

Mailing Address
**P.O. BOX 1454
FORT WALTON BEACH, FL 32549**

46030000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02212008

Chg-P

CR2E034 (12/06)

4. FEI Number

33-1102059

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RODGERS, RICHARD
456 RUSH PARK CIRCLE
MARY ESTHER, FL 32569**

7. Name and Address of New Registered Agent

Name

Richard Rodgers

Street Address (P.O. Box Number is Not Acceptable)

347 Miracle Strip Pkwy, Ste 30

City

Fort Walton Beach, FL

Zip Code

32548

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 Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P/D ☐ Delete
NAME RODGERS, RICHARD
STREET ADDRESS P.O. BOX 1454
CITY-ST-ZIP FORT WALTON BEACH, FL 32549

TITLE VP/D ☐ Delete
NAME MARTIN, RANDY
STREET ADDRESS 22 BERWICK CIRCLE
CITY-ST-ZIP SHALAMAR, FL 32579

TITLE T ☐ Delete
NAME RODGERS, RICHARD
STREET ADDRESS P.O. BOX 1454
CITY-ST-ZIP FORT WALTON BEACH, FL 32549

TITLE S/D ☐ Delete
NAME RODGERS, WILLIAM
STREET ADDRESS 456 RUSH PARK CIRCLE
CITY-ST-ZIP MARY ESTHER, FL 32569

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 1
CITY-ST-ZIP Mossy Head, FL 32434

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 1
CITY-ST-ZIP Mossy Head, FL 32434

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard Rodgers

2-21-08