


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90101 038 \*\*\*150.00

**DOCUMENT # P04000151643**

1. Entity Name  
**ADVANTAGE DRYWALL, INC.**



Principal Place of Business: **522 N. WICKHAM RD. # 235 MELBOURNE FL 32935**

Mailing Address: **14320 INDUSTRIAL CENTER DRIVE SHELBY TOWNSHIP MI 48315**



2. Principal Place of Business: **1716 LaMaderia**

3. Mailing Address: **14310 Industrial Ctr. Dr.**

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State: **Palm Bay, FL**

City & State: **Shelby Twp, MI**

Zip: **32908** Country: **U.S.A.**

Zip: **48315** Country: **U.S.A.**

4. FEI Number: **20-1840656**

Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KELLY, TANNA C**  
**99611 OVERSEAS HWY,**  
**SUITE 225**  
**KEY LARGO FL 33037**

7. Name and Address of New Registered Agent

Name: **Jeffrey Smith**

Street Address: **1716 LaMaderia**

City: **Palm Bay** FL Zip Code: **32908**

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: **Jeffrey Smith** DATE: **2/15/06**

Signature of officer or principal name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNS, WILLIAM R JR.	
STREET ADDRESS	14320 INDUSTRIAL CENTER DRIVE	
CITY-ST-ZIP	SHELBY TOWNSHIP MI 48315	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeff Pretzer	
STREET ADDRESS	14310 Industrial Ctr. Dr.	
CITY-ST-ZIP	Shelby Twp, MI 48315	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johns, William R Jr.	
STREET ADDRESS	14310 Industrial Ctr. Dr.	
CITY-ST-ZIP	Shelby Twp, MI 48315	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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: **Jeffrey Smith** DATE: **2/15/06** (772) 360 5549

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #