


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90017 017 ***150.00

DOCUMENT # P04000160402		
1. Entity Name SKILLMAN DRYWALL, INC.		

Principal Place of Business 160 SE NARANJA AVE. PORT ST. LUCIE FL 34983	Mailing Address 160 SE NARANJA AVE. PORT ST. LUCIE FL 34983
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2. Principal Place of Business - No P.O. Box # <u>160 SE NARANJA AVE</u>	3. Mailing Address <u>160 SE NARANJA AVE</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State <u>Port Saint Lucie FL</u>	City & State <u>Port Saint Lucie, FL</u>
Zip <u>34983</u>	Zip <u>34983</u>
Country	Country

4. FEI Number 20-1938736	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SKILLMAN, COLLEEN P 160 SE NARANJA AVE. PORT ST. LUCIE FL 34983	
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7. Name and Address of New Registered Agent	
Name <u>N/A</u>	
Street Address (P.O. Box Number is Not Acceptable)	
City <u>FL</u>	Zip Code

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: <u>Steven J Skillman</u> Signature, typed or printed name of registered agent and title if applicable.	DATE: <u>4-30-07</u> (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete SKILLMAN, STEVEN J 160 SE NARANJA AVE. PORT ST. LUCIE FL 34983
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete SKILLMAN, COLLEEN P 160 SE NARANJA AVE. PORT ST. LUCIE FL 34983
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <u>Steven J Skillman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <u>4-30-07</u> Daytime Phone #
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