

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90058 016 \*\*\*150.00

**DOCUMENT # P04000164828**

1. Entity Name  
**GLEN ROBERTS DRYWALL, INC.**



Principal Place of Business  
**1733 NE 162ND STREET  
CITRA, FL 32113**

Mailing Address  
**1733 NE 162ND STREET  
CITRA, FL 32113**

2. Principal Place of Business  
**1632**

3. Mailing Address  
**1632**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01132006 Chg-P CR2E034 (11/05)

4. FEI Number

**20-2055351**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**ROBERTS, GLEN  
1733 NE 162ND STREET  
CITRA, FL 32113**

Name

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

**1632**

City

**FL**

Zip Code

## 7. Name and Address of New Registered Agent

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

*Glen Roberts*

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-25-06**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DPV  
ROBERTS, GLEN  
1733 NE 162ND STREET  
CITRA, FL 32113** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
KINNEY, STEPHEN JOHN  
18146 SE 52ND STREET  
OCKLAWAHA, FL 32179** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
MILLER, TERRY  
1633 NE 162 ST  
CITRA, FL 32113** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**1632** ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TERENCE H. MILLER  
1733 NE 162ND ST  
CITRA, FL 32113** ☒ Change ☐ Addition

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

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

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

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:

*Glen Roberts*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-25-06**

Date

**595-5342**

Daytime Phone #