

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000172305

Entity Name: DRYWALL SURGEONS, INC.

FILED  
Apr 29, 2006  
Secretary of State

## Current Principal Place of Business:

15093 SW 38TH AVE  
OCALA, FL 34473

## New Principal Place of Business:

## Current Mailing Address:

15093 SW 38TH AVE  
OCALA, FL 34473

## New Mailing Address:

FEI Number: 20-2060246

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRO-COUNTING, INC.  
10291 SW 39TH TERRACE  
OCALA, FL 34476 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P,S ( ) Delete  
Name: SEGOVIA, EMMA  
Address: 15093 SW 38TH AVE  
City-St-Zip: OCALA, FL 34473

Title: VP,D ( ) Delete  
Name: MARTINEZ, BALTAZAR  
Address: 15093 SW 38TH AVE  
City-St-Zip: OCALA, FL 34473

Title: D ( ) Delete  
Name: MANUEL, RODRIGUEZ  
Address: 14879 SW 39 CIRCLE  
City-St-Zip: OCALA, FL 34473

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMMA SEGOVIA

P, S

04/29/2006

Electronic Signature of Signing Officer or Director

Date