


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2006 8:00 am
Secretary of State

09-07-2006 90013 022 ***150.00

DOCUMENT # P04000173317	
1. Entity Name CITADEL DRYWALL, INC.	

Principal Place of Business 3207 S. LAKEVIEW CIRCLE #203 FORT PIERCE, FL 34949	Mailing Address 3207 S. LAKEVIEW CIRCLE #203 FORT PIERCE, FL 34949
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2. Principal Place of Business 556 S. Easy Street Suite, Apt. #, etc.	3. Mailing Address 556 S. Easy Street Suite, Apt. #, etc.
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City & State Sebastian, FL	City & State Sebastian, FL
Zip 32958	Country USA



08142006 Chg-P CR2E034 (11/05)

4. FEI Number 56-2387867	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 STEINBRECHER, SCOTT L 3207 S. LAKEVIEW CIRCLE #203 FORT PIERCE, FL 34949	
7. Name and Address of New Registered Agent Name (same) Scott L. Steinbrecher Street Address (P.O. Box Number is Not Acceptable) 556 S. Easy Street City Sebastian FL Zip Code 32958	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEINBRECHER, SCOTT L 3207 S. LAKEVIEW CIRCLE FORT PIERCE, FL 34949 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(same) (same) 556 S. Easy Street Sebastian, FL 32958 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: Scott L. Steinbrecher **9-04-06 (772) 618 0426**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #