

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90326 004 \*\*\*150.00

**DOCUMENT # P05000003108**

1. Entity Name  
**LFG DRYWALL FINISHER, INC.**



Principal Place of Business 1225 BERMUDA LAKES LANE APT. 104 KISSIMMEE, FL 34741	Mailing Address 1225 BERMUDA LAKES LANE APT. 104 KISSIMMEE, FL 34741
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**50010302**



2. Principal Place of Business <b>1850 Muscat Ct.</b> Suite, Apt. #, etc. <b>Apt. D</b> City & State <b>Kissimmee, FL</b> Zip <b>34741</b>	3. Mailing Address <b>1850 Muscat Ct.</b> Suite, Apt. #, etc. <b>Apt. D</b> City & State <b>Kissimmee, FL</b> Zip <b>34741</b>
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03102006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-2153744</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**GARAY, LUIS F**  
**1225 BERMUDA LAKES LANE**  
**APT. 104**  
**KISSIMMEE, FL 34741**

7. Name and Address of New Registered Agent  
 Name **Luis F Garay**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1850 Muscat Ct. Apt. D**  
 City **Kissimmee** FL Zip Code **34741**

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**  
**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	D GARAY, LUIS F 1225 BERMUDA LAKES LANE #104 KISSIMMEE, FL 34741 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALACIOS, LORENA P 1225 BERMUDA LAKES LANE KISSIMMEE, FL 34741 <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
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	D LUIS F GARAY 1850 MUSCAT CT APT. D KISSIMMEE, FL 34741 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORENA P PALACIOS 1850 MUSCAT CT APT. D KISSIMMEE, FL 34741 <input checked="" 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 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: [Signature] **3/14/06**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #