


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <u>P05000008289</u>	
1. Entity Name <u>FLAWLESS DRYWALL & STUCCO INC.</u>	

FILED
00 MAR 14 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>4891 30th PLACE SW</u>	3. Mailing Address <u>SAME</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <u>NAPLES, FL</u>	City & State
Zip <u>34116</u>	Country <u>USA</u>

REINSTATEMENT 07-08
DO NOT WRITE IN THIS SPACE

4. FEI Number <u>202189967</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name <u>ANTHONY MAITRE</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>4891 30th PLACE S.W.</u>	
City <u>NAPLES</u>	State <u>FL</u> Zip Code <u>34116</u>

**DO NOT WRITE
IN THIS SPACE**

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 Anthony L. F. Maitre 100112618971
11/27/07--01052--001 **150.00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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	PRESIDENT, SECRETARY, DIRECTOR ANTHONY MAITRE 4891 30th PLACE S.W. NAPLES, FL 34116	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100112618971 03/26/08--01026--014 **150.00
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Anthony L. F. Maitre Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

December 20, 20007

Secretary of State
Uniform Business Report
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

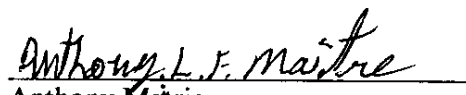
Attention: Sean Toner
Senior Section Administrator

Re: FLAWLESS DRYWALL & STUCCO INC.

Dear Sir:

I am the President and Secretary of the above company and I did not receive the annual report notice, Therefore I could not file the report. Please reconsider this request for reinstatement. I am enclosing the completed 2007 Annual Report.

Sincerely,


Anthony Matrie
4891 30th Place SW
Naples, FL 34116
Phone No. 239.692.3774

Enc: 2007 Annual Report