2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 29, 2008 8:00 am Secretary of State

NAME SIREET ADDRESS CITY-ST-ZIP TITLE VP OCOEE, FL 34761 TITLE NAME EPPS, CANDACE SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP	1. Entity Nam	MENT # P05000009 DRYWALL CONTRACTO			02-29-2008	90019 014	***158	3.75			
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Cay & State Cay & State A. FEI Number 20-2193211 Next Applicable	1700 MONA AVE		1700 MONA AVE				63/8/ 8 /8% 66/1/ 68/1/ 67	48 88 4		[
City & State Country City City S. Certificate of Status Desired S. Rame and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EPPS, MICHAEL A 1700 MONA AVE CITY City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered citics or registered agent, or both in the State of Florids. I am familiar with, and acception of registered agent, or both in the State of Florids. I am familiar with, and acception of registered agent, or both in the State of Florids. I am familiar with, and acception of registered agent, or both in the State of Florids. I am familiar with, and acception of the City of State of Plorids. I am familiar with, and acception of the City of State of Plorids. I am familiar with, and acception of the City of State of Plorids. I am familiar with, and acception of the City of State of Plorids. I am familiar with, and acception of the City of State of Plorids. I am familiar with, and acception of the City of State of Plorids. I am familiar with, and acception of the City of State of Plorids. I am familiar with, and acception of the City of State of Plorids. I am familiar with, and acception of the City of State of Plorids. I am familiar with, and acception of the City of State of Plorids. I am familiar with, and acception of the City of State of Plorids. I am familiar with, and acception of the City of State of Plorids. I am familiar with, and acception of the City of State of Plorids. I am familiar with, and acception of Plorids. I am familiar with acception of Plorids. I am	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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 are of registered agent and the Cobigations of registered agent are of registered agent and the Cobigations of registered agent are of registered agent and the Cobigations of registered agent are of registered agent and the Cobigations of registered agent are of registered agent and the Cobigations of registered agent are of registered agent and the Cobigations of registered agent are of registered agent and the Cobigations of registered agent are of registered agent and the Cobigations of registered agent are of registered agent and the Cobigations of registered agent are of registered agent and the Cobigations of registered agent and the Cobigations of registered agent and the Cobigations of registered agent are of registered agent and the Cobigations of registered agent are of registered agent and the Cobigation of Registered Agent Ag	City & State		City & State						•		
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Sireet Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Curren	t Registered Agent		1	7. Name and	Address of New R	Registered Age	ent		
Election Campaign Financing Trust Fund Contribution. Signer Addition Title Now!! FEE Is \$150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS Trust Fund Contribution. Signer Addition Title Now! FEPS, MICHAEL A SIGNATURE PPS, MICHAEL A SIGNATORES CITY-ST-2P OCOEE, FL 34761 TITLE NAME EPPS, CANDACE SIREE ADDRESS CITY-ST-2P OCOEE, FL 34761 TITLE NAME SIREE ADDRESS CITY-ST-2P TITLE NAME SIREE ADDRESS SIREE ADDRESS CITY-ST-2P TITLE NAME SIREE ADDRESS SIREE ADDRESS CITY-ST-2P TITLE NAME SIREE ADDRESS SIREE	· ·										
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP	portifu that the information of the state of		NAM STRE CITY	EET ADDRESS -ST-ZIP					Addition	

12. Thereby certify that the information supplied with this fiting 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.

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SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-08

407-877-7677