

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 17, 2006 8:00 am**  
**Secretary of State**

08-17-2006 90003 014 \*\*\*558.75

**DOCUMENT # P05000020848**

1. Entity Name  
**IGGY'S DRY WALL OF TAMPA BAY INC.**



Principal Place of Business  
**1115 WILLOW PINE COURT  
TAMPA, FL 33604**

Mailing Address  
**1115 WILLOW PINE COURT  
TAMPA, FL 33604**

**50025403**

2. Principal Place of Business

3. Mailing Address  
**P.O. Box 9452**



Suite, Apt. #, etc.

Suite, Apt. #, etc.

08142006

Chg-P

CR2E034 (11/05)

City & State

City & State  
**Tampa, FL**

4. FEI Number

**59-3800947**

Applied For

Not Applicable

Zip

Country

Zip  
**33674**

Country

**Hillsborough**

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LYONS, BOB  
2901 W BUSCH BLVD  
SUITE 500  
TAMPA, FL 33618**

Name  
**Marisol Leon**

Street Address (P.O. Box Number is Not Acceptable)

**1115 Willow Pine Ct. E.**

City  
**Tampa**

**FL**

Zip Code  
**33604**

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 **Marisol Leon**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**08/15/06**

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
VALENTIN, IGNACIO  
1115 WILLOW PINE COURT  
TAMPA, FL 33604** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ 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: **Ignacio Valentin**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**08/15/06**

Date

Daytime Phone #