

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-10-2006 90009 039 \*\*\*158.75

**DOCUMENT # P05000027448**

1. Entity Name

T & A DRYWALL AND FRAMING INC.



Principal Place of Business

13101 ACREE ROAD  
JACKSONVILLE FL 32219  
US

Mailing Address

13101 ACREE ROAD  
JACKSONVILLE FL 32219  
US



2. Principal Place of Business

6657 Iralou Rd  
Suite, Apt. #, etc.

3. Mailing Address

6657 Iralou Rd  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Jax; FL

City & State

Jax FL

4. FEI Number

20-2365954

Applied For

Not Applicable

Zip  
32254

Country  
Duval

Zip  
32254

Country  
Duval

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CONNELL, MARGARET A  
13101 ACREE ROAD  
JACKSONVILLE FL 32219

7. Name and Address of New Registered Agent

Name

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

6657 Iralou Rd

City Jax

FL

Zip Code  
32254

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 Margaret Connell

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

(NOTE: Registered Agent signature required when reinstating)

3/4/06  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME CONNELL, MARGARET A  
STREET ADDRESS 13101 ACREE ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32219

TITLE VP ☐ Delete  
NAME THORNTON, RONALD  
STREET ADDRESS 13101 ACREE ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32219

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6657 Iralou Rd  
CITY-ST-ZIP Jax, FL 32254

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6657 Iralou Rd  
CITY-ST-ZIP Jax FL 32254

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Margaret Connell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/06  
Date

904-509-5682  
Daytime Phone #