## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000034873

Entity Name: SUPREME DRYWALL & METAL FRAMING COMPANY

FILED Apr 21, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2655 ULMERTON ROAD #128 14605 49TH STREET NORTH CLEARWATER, FL 33762

SUITE ONE

CLEARWATER, FL 33762

**Current Mailing Address: New Mailing Address:** 

14605 49TH STREET NORTH 2655 ULMERTON ROAD #128 CLEARWATER, FL 33762 SUITE ONE

CLEARWATER, FL 33762

FEI Number: 20-2463305 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

NEVILLE, SUSAN 2655 ULMERTON ROAD #128

CLEARWATER, FL 33762

NEVILLE, SUSAN 14605 49TH STREET NORTH SUITE ONE CLEARWATER, FL 33762 US

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.

SIGNATURE: SUSAN NEVILLE 04/21/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

NEVILLE, STEPHEN NEVILLE, STEPHEN Name: Name: 2655 ULMERTON ROAD #128 14605 49TH STREET NORTH SUITE ONE Address: Address:

CLEARWATER, FL 33762 City-St-Zip: CLEARWATER, FL 33762 City-St-Zip:

VΡ ( ) Delete Title: (X) Change ( ) Addition Title:

CHAMBERLAIN, THOMAS Name: CHAMBERLAIN, THOMAS Name:

2655 ULMERTON ROAD #128 14605 49TH STREET NORTH SUITE ONE Address: Address:

CLEARWATER, FL 33762 CLEARWATER, FL 33762 City-St-Zip: City-St-Zip:

Title: (X) Change ( ) Addition Title: STD () Delete STD NEVILLE, SUSAN NEVILLE, SUSAN Name: Name:

2655 ULMERTON ROAD #128 14605 49TH STREET NORTH SUITE ONE Address: Address:

City-St-Zip: CLEARWATER, FL 33762 City-St-Zip: CLEARWATER, FL 33762

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN NEVILLE STD 04/21/2006