

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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P05000039230

FILED

2006 AUG 21 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DUPLICATE

DOCUMENT # P05000039230	
1. Entity Name HOWIE'S DRYWALL, INC.	



Principal Place of Business 5383 SARA POINT DR. SARASOTA, FL 34232	Mailing Address 5383 SARA POINT DR. SARASOTA, FL 34232
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04112006 Chg-P CR2E034 (11/05)

4. FEI Number 20-0489764	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOWARD, BRIAN C 5383 SARA POINT DR. SARASOTA, FL 34232	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD HOWARD, BRIAN C 5383 SARA POINT DR. SARASOTA, FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700079053947 08/23/06--01030--019 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Brian Howard Brian Howard April 11 2006 (513) 519-4825  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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To Whom It May Concern,

I was involved in the scam  
last year. Someone elsed was cashing  
the checks. I was wondering is  
their anyway you can wavered  
the \$450

Here is my new address  
2273 Ryecroft Street Northport, AL  
34287 home phone 941-240-5969

Sincerely,  
Brian Howard

August 4, 2006

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HOWIE'S DRYWALL, INC.  
5383 SARA POINT DR.  
SARASOTA, FL 34232

SUBJECT: HOWIE'S DRYWALL, INC.  
Ref. Number: P05000039230

Thank you for your correspondence that has been forwarded to me for response.

It appears that your check was not deposited by our office, but by a non governmental agency not affiliated with the Secretary of State's Office. I have enclosed a print-out posted on our

website regarding a similar incident that occurred last year. If you feel that you have been affected by a scheme, please contact the Attorney General's Office at the number provided on the enclosed print-out.

Our office will consider waiving the \$400.00 late fee; however in order to file your annual report, we must collect the annual report filing fee of \$150.00.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Michelle Milligan  
Document Specialist Supervisor Letter Number: 506A00048874  
Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida  
32314