
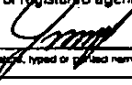



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90001 009 \*\*\*150.00

<b>DOCUMENT # P05000040773</b>			
1. Entity Name <b>J. MAGANA DRYWALL CORPORATION</b>			
Principal Place of Business <b>2201 CASCADES BLVD. 308 KISSIMMEE, FL 34741</b>		Mailing Address <b>2201 CASCADES BLVD. 308 KISSIMMEE, FL 34741</b>	
2. Principal Place of Business <b>1621 Eola Circle</b>		3. Mailing Address <b>1621 Eola Circle</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Kissimmee FL</b>		City & State <b>Kissimmee FL</b>	
Zip <b>34741</b>	Country <b>USA</b>	Zip <b>34741</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>MAGANA, OSCAR J 2201 CASCADES BLVD. 308 KISSIMMEE, FL 34741</b>		7. Name and Address of New Registered Agent Name <b>Jose L. Magana</b> Street Address (P.O. Box Number is Not Acceptable) <b>1621 Eola Circle</b> City <b>Kissimmee FL</b> Zip Code <b>34741</b>	
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  DATE <b>2-27-06</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP MAGANA, JOSE L 2201 CASCADES BLVD. #308 KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Magana, Jose L 1621 Eola Circle Kissimmee, FL 34741 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MAGANA, OSCAR J 2201 CASCADES BLVD. #308 KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Magana, Oscar J 1621 Eola Circle Kissimmee, FL 34741 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date <b>2-27-06</b> Daytime Phone #	

66006001



02272008 Chg-P CR2E034 (11/05)

4. FEI Number **20-2544802** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAGANA, JOSE L 2201 CASCADES BLVD. #308 KISSIMMEE, FL 34741 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MAGANA, OSCAR J 2201 CASCADES BLVD. #308 KISSIMMEE, FL 34741 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Magana, Jose L 1621 Eola Circle Kissimmee, FL 34741 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Magana, Oscar J 1621 Eola Circle Kissimmee, FL 34741 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:  Date **2-27-06**  
Daytime Phone #



ATTACHMENT

66006887

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 8, 2006

J. MAGANA DRYWALL CORPORATION  
1621 EOLA CIR  
308  
KISSIMMEE, FL 34741

Subject: J. MAGANA DRYWALL CORPORATION

Reference Number: P05000040773

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH  
ANNUAL REPORTS SECTION