

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000054631

FILED
Apr 30, 2009
Secretary of State

Entity Name: GINES DRYWALL SERVICE, INC

Current Principal Place of Business:

1110 OCEAN ST
KISSIMMEE, FL 34741 US

New Principal Place of Business:

1804 SILVER BRANCH BLV
APT 102
ORLANDO, FL 32822 US

Current Mailing Address:

1110 OCEAN ST
KISSIMMEE, FL 34741 US

New Mailing Address:

PO BOX 149338
KISSIMMEE, FL 34745 US

FEI Number: 20-2673268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, ALBERTO L
1110 OCEAN ST
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

MARTIN, ALBERTO L
1804 SILVER BRANCH BLV
APT 102
ORLANDO, FL 32822 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: ALBERTO M LENCINA

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LENCINA, ALBERTO M
Address: 1110 OCEAN ST
City-St-Zip: KISSIMMEE, FL 34741 US

Title: VP () Delete
Name: MORAN, IVANA E
Address: 1110 OCEAN ST
City-St-Zip: KISSIMMEE, FL 34741 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LENCINA, ALBERTO M
Address: PO BOX 452991
City-St-Zip: KISSIMMEE, FL 34745 US

Title: VP (X) Change () Addition
Name: MORAN, IVANA E
Address: PO BOX 452991
City-St-Zip: KISSIMMEE, FL 34745 US

I hereby certify that the information supplied with this filing does not qualify 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: ALBERTO M LENCINA

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date