2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000072697

Entity Name: BARFIELD DRYWALL SERVICES, INC.

FILED Jan 22, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
2811 BEN STOUTAMIRE RD TALLAHASSEE, FL 32310			1850 ACORN RIDGE TRAIL TALLAHASSEE, FL 32312	
Current Mailing Address:		New Mailing Address:		
2811 BEN STOUTAMIRE RD TALLAHASSEE, FL 32310		1850 ACORN RIDGE TRAIL TALLAHASSEE, FL 32312		
FEI Number: 20-2859219	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of C	current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
BREWSTER, JAMES RETHE WALKER BUILDING 547 NORTH MONROES TALLAHASSEE, FL 3230	G, STE 203 ST			
The above named entity s in the State of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electron	ic Signature of Registered Age	ent	Date	
Election Campaign Financing	g Trust Fund Contribution ().			

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition BARFIELD, LEWIS DANIEL BARFIELD, LEWIS DANIEL Name: Name: 2811 BEN STOUTAMIRE RD Address: 1850 ACORN RIDGE TRAIL Address: City-St-Zip: TALLAHASSEE, FL 32310 City-St-Zip: TALLAHASSEE, FL 32312 Title: () Delete Title: (X) Change () Addition BARFIELD, DANIEL BARFIELD, DANIEL Name: Name: Address: 2811 BEN STOUTAMIRE RD Address: 1850 ACORN RIDGE TRAIL TALLAHASSEE, FL 32310 TALLAHASSEE, FL 32312 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: ODOM, DEBRA Name: ODOM, DEBRA 2811 BEN STOUTAMIRE RD Address: 1850 ACORN RIDGE TRAIL Address: City-St-Zip: TALLAHASSEE, FL 32310 City-St-Zip: TALLAHASSEE, FL 32312 Title: () Delete Title: (X) Change () Addition

 Name:
 MOORE, TONY
 Name:
 MOORE, TONY

 Address:
 2811 BEN STOUTAMIRE RD
 Address:
 1850 ACORN RIDGE TRAIL

 City-St-Zip:
 TALLAHASSEE, FL 32310
 City-St-Zip:
 TALLAHASSEE, FL 32312

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: LEWIS DANIEL BARFIELD P 01/22/2006