2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000072697

Title:

Name:

Address:

City-St-Zip:

Entity Name: BARFIELD DRYWALL SERVICES, INC.

FILED Jan 15, 2007 Secretary of State

-	e of Business:	Nove Drive in al Diago		
1050 ACODN DIDOC TO	Current Principal Place of Business:		New Principal Place of Business:	
1850 ACORN RIDGE TR TALLAHASSEE, FL 323				
Current Mailing Address:		New Mailing Address:		
1850 ACORN RIDGE TR TALLAHASSEE, FL 323				
FEI Number: 20-2859219	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of (Current Registered Agent:	Name and Address of	f New Registered Agent:	
BREWSTER, JAMES R THE WALKER BUILDING 547 NORTH MONROE S TALLAHASSEE, FL 323	G, STE 203 ST			
The above named entity in the State of Florida.	submits this statement for the p	purpose of changing its registere	d office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agen		ent	Date	
Election Campaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: D (Name: BARFIELD, LE Address: 1850 ACORN F City-St-Zip: TALLAHASSEE	RIDGE TRAIL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: P (Name: BARFIELD, DA Address: 1850 ACORN F City-St-Zip: TALLAHASSEE	RIDGE TRAIL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: S (Name: ODOM, DEBRA Address: 1850 ACORN F City-St-Zip: TALLAHASSEE	RIDGE TRAIL	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DEBRA D. ODOM SEC 01/15/2007

() Delete

1850 ACORN RIDGE TRAIL

TALLAHASSEE, FL 32312

MOORE, TONY

() Change () Addition