



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90421 039 ***150.00

DOCUMENT # P05000096098 1. Entity Name SYSTEMS AND DRYWALL INCORPORATED					
Principal Place of Business 12 NE 45 COURT POMPANO BEACH, FL 33064			Mailing Address 12 NE 45 COURT POMPANO BEACH, FL 33064		
2. Principal Place of Business 6020 NW Flair Ct		3. Mailing Address 6020 NW Flair Ct			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		03172006 Chg-P CR2E034 (11/05)	
City & State Port St Lucie, FL		City & State Port St Lucie, FL		4. FEI Number 20-3119360	
Zip 34986 Country US		Zip 34986 Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JIMENEZ, JOSE G 12 NE 45 COURT POMPANO BEACH, FL 33064				7. Name and Address of New Registered Agent Name JIMENEZ, JOSE G. Street Address (P.O. Box Number is Not Acceptable) 6020 NW FLAIR CT City Port St Lucie FL Zip Code 34986	
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 Jose G. Jimenez President 4/28/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.VP JIMENEZ, JOSE G 12 NE 45 COURT POMPANO BEACH, FL 33063		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.V.P JIMENEZ, JOSE G. 6020 NW FLAIR CT PORT ST LUCIE, FL 34986	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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: Jose G. Jimenez President 4/28/06 (954) 444-0843 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					