

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2006 8:00 am**  
**Secretary of State**

07-12-2006 90002 007 \*\*\*158.75

<b>DOCUMENT # P05000097397</b> 1. Entity Name <b>J &amp; F DRYWALL &amp; STUCCO, INC</b>			
Principal Place of Business <b>4001 CALOOSA LOOP LABELLE, FL 33935</b>		Mailing Address <b>4001 CALOOSA LOOP LABELLE, FL 33935</b>	
2. Principal Place of Business <b>Labelle FL</b> Suite, Apt. #, etc. <b>4001 Caloosa Loop</b> City & State <b>Labelle FL</b> Zip <b>33935</b>		3. Mailing Address <b>4001 Caloosa Loop</b> Suite, Apt. #, etc. <b>1</b> City & State <b>Labelle FL</b> Zip <b>33935</b>	
4. FEI Number <b>203-123507</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VARGAS, LLANETT 4001 CALOOSA LOOP LABELLE, FL 33935</b>		7. Name and Address of New Registered Agent Name <b>FELIPE MORELOS</b> Street Address (P.O. Box Number is Not Acceptable) <b>4001 Caloosa Loop</b> City <b>Labelle</b> <b>FL</b> Zip Code <b>33935</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 <u><b>FELIPE MORELOS V.P.</b></u> <span style="float: right;">7/6/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VARGAS, LLANETT 4001 CALOOSA LOOP LABELLE, FL 33935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VARGAS, DEBORAH R. 4001 Caloosa Loop Labelle FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VARGAS, DEBORAH R 4001 CALOOSA LOOP LABELLE, FL 33935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. MORELOS, FELIPE 4001 Caloosa Loop Labelle FL 33935
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.			
<b>SIGNATURE:</b> <u><b>[Signature]</b></u> <b>President</b>		<b>7/7/06</b> <b>863-517-1887</b> <small>Date Daytime Phone #</small>	