

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90018 049 \*\*\*150.00

<b>DOCUMENT # P05000158287</b> 1. Entity Name <b>IT'S AFFORDABLE DRYWALL INC</b>																																	
Principal Place of Business <b>3400 PINION DR HOLIDAY, FL 34691 US</b>			Mailing Address <b>3400 PINION DR HOLIDAY, FL 34691 US</b>																														
2. Principal Place of Business - No P.O. Box # <b>12553 66TH ST.</b> Suite, Apt. #, etc.		3. Mailing Address <b>12553 66TH ST.</b> Suite, Apt. #, etc.																															
City & State <b>LARGO, FL</b>		City & State <b>LARGO, FL</b>		4. FEI Number <b>20-0495618</b>																													
Zip <b>33773-3440</b>		Country <b>PINEHILLS</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																													
6. Name and Address of Current Registered Agent  <b>GILMAN, SEAN 3400 PINION DR HOLIDAY, FL 34691</b>		7. Name and Address of New Registered Agent Name <b>GILMAN, SEAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>12553 66TH ST</b> <b>LARGO, FL</b> <b>33773-3440</b> City <b>FL</b> Zip Code																															
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  DATE <b>X 2-25-2008</b> <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</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>P GILMAN, SEAN 3400 PINION DR HOLIDAY, FL 34691</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GILMAN, SEAN 3400 PINION DR HOLIDAY, FL 34691</b> <input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>12553 66TH ST LARGO, FL 33773-3440</b> </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12553 66TH ST LARGO, FL 33773-3440</b>												
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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: <b>SEAN GILMAN, PRESIDENT</b> DATE <b>X 2-25-2008</b> DAYTIME PHONE <b>727-593-2521</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																	