

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000016062

FILED
Apr 24, 2009
Secretary of State

Entity Name: ATLANTIS DRYWALL FRAMING DIVISION III, INC.

Current Principal Place of Business:

152 BAYWOOD AVE
LONGWOOD, FL 32750

New Principal Place of Business:

900 FOX VALLEY DRIVE
108
LONGWOOD, FL 32779

Current Mailing Address:

152 BAYWOOD AVE
LONGWOOD, FL 32750

New Mailing Address:

900 FOX VALLEY DRIVE
108
LONGWOOD, FL 32779

FEI Number: 22-3521243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THIBAULT, DAVID
152 BAYWOOD AVE.
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

ADKINS, CHARLES
900 FOX VALLEY DRIVE
108
LONGWOOD, FL 32779 US

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.

SIGNATURE: CHARLES ADKINS

04/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THIBAULT, DAVID
Address: 152 BAYWOOD AVE
City-St-Zip: LONGWOOD, FL 32750

Title: STD () Delete
Name: ADKINS, CHARLES
Address: 152 BAYWOOD AVE
City-St-Zip: LONGWOOD, FL 32750

Title: VP () Delete
Name: SAVAGE, ADAM
Address: 152 BAYWOOD AVE
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHARLES ADKINS

STD

04/24/2009

Electronic Signature of Signing Officer or Director

Date