## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Feb 28, 2008 08:00 AM f State

DOCUMENT # P06000018434  1. Entity Name DANNY MANCINI DRYWALL INC					Secretary of St			
Principal Plac 6820 FORES NEW PORT R	ST AVE	ailing Address 5820 FOREST AVE VEW PORT RICHEY, FL 34653	US	[ 118KED]	KI CEKA EKIN CEN LEN CEN EKIN EKIN IN	O TOUR TRUTK DISK DURINGS IN 1981		
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				01112008	No Chg-P CR2	E034 (11/05)		
	O NOT WRITE II	N THIS SPAC	CE	4. FEI Numb 20-429		Applied For Not Applicable		
•					e of Status Desired	\$8.75 Additional		
	6. Name and Address of Current Regis	stered Agent		S. Carimoda		Fee Required		
MANCINI, DANNY C 6820 FOREST AVE NEW PORT RICHEY, FL 34653					NOT WRIT			
	named entity submits this statement for the jions of registered agent  Signature, typed or printed name of registered agent and title			egistered agent, or be	oth, in the State of Florida. I ai			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  **Frust Fund Contribution**			icing	\$5.00 May Be Added to Fees	U00000842 03/11/08-800	548 34-018 150.00		
10.	OFFICERS AND DIREC	CTORS						
NAME STREET ADDRESS CITY-ST-ZIP	P MANCINI, DANNY C 6820 FOREST AVE NEW PORT RICHEY, FL 34653							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			•				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRIT	ı		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				IN '	THIS SPAC	E		
HILL	İ							

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.

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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP

MANCINI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

1-11-68

727-842-9956

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