


FILED  
Aug 20, 2007 8:00 am  
Secretary of State

07-16-2007 90123 028 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|  |  |   |   |
|--|--|---|---|
| <b>DOCUMENT # P06000020121</b>   |  |    |   |
| 1. Entity Name<br><b>CERTIFIED WALLS &amp; CEILINGS INC</b>  |  |   |   |
| Principal Place of Business<br><b>1166 N 91 MINE RD<br/>BARTOW, FL 33830</b>   |  | Mailing Address<br><b>1166 N 91 MINE RD<br/>BARTOW, FL 33830</b>  |   |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |
| City & State   |  | City & State  |   |
| Zip  | Country  | Zip   | Country   |
| 6. Name and Address of Current Registered Agent<br><b>HALES, TONI<br/>1166 N 91 MINE RD<br/>BARTOW, FL 33830</b>   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><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 _____ (NOTE: Registered Agent signature is required when re-registering) DATE _____  |  |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 14, 2007</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees               |   |
| 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P/D<br>HALES, TONI<br>1166 N 91 MINE RD<br>BARTOW, FL 33830 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP/D<br>WORKMAN, JOHN<br>1049 CRESTWOOD DR<br>WINTER HAVEN, FL 33881 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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: _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | 7-10-07 863-533-3198<br>Date Daytime Phone  |   |