

# FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # PO6500036922

1. Entity Name  
Jorge A. Rodriguez Drywall Inc.



**FILED**

07 MAY -2 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900101257159  
05/03/07--01001--008 \*\*370.00

CR2E034B (8/05)

07

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>Gretna FL</u>		3. Mailing Address <u>50 Dering Lane</u>	
Suite, Apt. #, etc. <u>P.O. Box 597</u>		Suite, Apt. #, etc. <u>Gretna, FL</u>	
City & State <u>Gretna, FL</u>		City & State <u>Gretna, FL</u>	
Zip <u>32352</u>	Country <u>USA</u>	Zip <u>32333</u>	Country <u>USA</u>

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <u>Jorge A. Rodriguez</u>
Street Address (P.O. Box Number is Not Acceptable) <u>50 Dering Lane</u>
<u>Gretna</u> <b>FL</b> Zip Code <u>32352</u>

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 required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>Secretary</u> <u>Patricia A. Singleton</u> <u>171 O'Neil Way, Havana FL</u> <u>32333</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>Pres</u> <u>Jorge Rodriguez</u> <u>50 Dering Lane</u> <u>Gretna, FL 32333</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>CEO</u> <u>Jorge A. Rodriguez</u> <u>50 Dering Lane</u> <u>Gretna, FL 32333</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia A. Singleton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #