

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90098 042 ***158.75

DOCUMENT # P06000043993

1. Entity Name
DRY CREEK FINISHING, INC.



Principal Place of Business
101 FOREST LAKES BLVD #103
NAPLES, FL 34105

Mailing Address
101 FOREST LAKES BLVD #103
NAPLES, FL 34105

2. Principal Place of Business - No P.O. Box #

568 9TH STREET SOUTH

3. Mailing Address

568 9TH STREET SOUTH

Suite, Apt. #, etc.

STE. 104

Suite, Apt. #, etc.

STE. 104

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34102

Country

USA

Zip

34102

Country

USA

04022007 Chg-P CR2E034 (12/06)

4. FEI Number

68-0570800

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INGRAM, SHIREE
101 FOREST LAKES BLVD #103
NAPLES, FL 34105

7. Name and Address of New Registered Agent

Name

INGRAM, SHIREE

Street Address (P.O. Box Number is Not Acceptable)

1512 FOREST LAKES BLVD.

City

NAPLES

FL

Zip Code

34105

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:

Shiree Ingram

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete
NAME INGRAM, SHIREE
STREET ADDRESS 101 FOREST LAKES BLVD #103
CITY-ST-ZIP NAPLES, FL 34105

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST ☒ Change ☐ Addition
NAME INGRAM, SHIREE
STREET ADDRESS 1512 FOREST LAKES BLVD.
CITY-ST-ZIP NAPLES, FL 34105

TITLE Vice President ☐ Change ☒ Addition
NAME Gerold Keith Ingram
STREET ADDRESS 1512 Forest Lakes Blvd.
CITY-ST-ZIP Naples, FL 34105

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 or other like empowered.

SIGNATURE:

Shiree Ingram

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-07 239-207-0775

Date

Daytime Phone #