
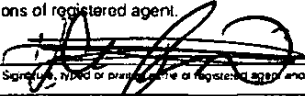
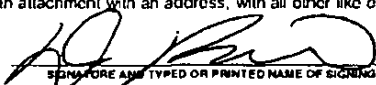


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 06, 2007 8:00 am
Secretary of State

05-02-2007 90091 047 ***150.00

DOCUMENT # P06000079664 1. Entity Name DAVID W. JANKOWIAK DRYWALL INC.																																																																																																					
Principal Place of Business 1560 EAST POWDER HORN ROAD TITUSVILLE FL 32796				Mailing Address 1560 EAST POWDER HORN ROAD TITUSVILLE FL 32796																																																																																																	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																			
City & State		City & State		4. FEI Number 20-3558137																																																																																																	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																	
6. Name and Address of Current Registered Agent JANKOWIAK, DAVID W 1560 EAST POWDER HORN ROAD TITUSVILLE FL 32796				7. Name and Address of New Registered Agent																																																																																																	
				Name																																																																																																	
				Street Address (P.O. Box Number is Not Acceptable)																																																																																																	
				City																																																																																																	
				State FL 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 required when reappointing) DATE June 1st 07																																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>JANKOWIAK, DAVID W</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>1560 EAST POWDER HORN RD TITUSVILLE FL 32796</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	JANKOWIAK, DAVID W		STREET ADDRESS			CITY- ST- ZIP	1560 EAST POWDER HORN RD TITUSVILLE FL 32796		CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY- ST- ZIP			CITY- ST- ZIP		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																
STREET ADDRESS	JANKOWIAK, DAVID W		STREET ADDRESS																																																																																																		
CITY- ST- ZIP	1560 EAST POWDER HORN RD TITUSVILLE FL 32796		CITY- ST- ZIP																																																																																																		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																
NAME			NAME																																																																																																		
STREET ADDRESS			STREET ADDRESS																																																																																																		
CITY- ST- ZIP			CITY- ST- ZIP																																																																																																		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																
NAME			NAME																																																																																																		
STREET ADDRESS			STREET ADDRESS																																																																																																		
CITY- ST- ZIP			CITY- ST- ZIP																																																																																																		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																
NAME			NAME																																																																																																		
STREET ADDRESS			STREET ADDRESS																																																																																																		
CITY- ST- ZIP			CITY- ST- ZIP																																																																																																		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 																																																																																																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																					
Date _____ Daytime Phone # _____																																																																																																					