

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000081535

Entity Name: BRIAN WESTFALL DRYWALL, INC.

FILED
Aug 30, 2007
Secretary of State

Current Principal Place of Business:

15815 SE HWY 42
WEIRSDALE, FL 32195 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 354
WEIRSDALE, FL 32195 US

New Mailing Address:

FEI Number: 20-5036942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WESTFALL, BRIAN
15815 SE HWY 42
WEIRSDALE, FL 32195 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WESTFALL, BRIAN
Address: 15815 SE HWY 42
City-St-Zip: WEIRSDALE, FL 32195 US

Title: VP () Delete
Name: RIVERA, JUAN A
Address: 15815 SE HWY 42
City-St-Zip: WEIRSDALE, FL 32195 US

Title: OD (X) Delete
Name: WILLIS, ELISHA A
Address: 15815 SE HWY 42
City-St-Zip: WEIRSDALE, FL 32195 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN WESTFALL

PD

08/30/2007

Electronic Signature of Signing Officer or Director

Date