

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000084327

Entity Name: BONTRAGER DRYWALL, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

4292 MICHALER STREET
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

4292 MICHALER STREET
NORTH PORT, FL 34286

New Mailing Address:

FEI Number: 20-5087006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONTRAGER, VERNON
4292 MICHALER STREET
NORTH PORT, FL 34286 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: BONTRAGER, VERNON
Address: 4292 MICHALER STREET
City-St-Zip: NORTH PORT, FL 34286

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VICE (X) Change () Addition
Name: BONTRAGER, VERNON D
Address: 4292 MICHALER STREET
City-St-Zip: NORTH PORT, FL 34286

Title: PRES () Change (X) Addition
Name: BONTRAGER, VERNON M
Address: 69816 HAZEL ST.
City-St-Zip: UNION, MI 49130 US

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: VERNON M. BONTRAGER

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date