

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000139116

Entity Name: BISON DRYWALL, INC

FILED  
Mar 14, 2007  
Secretary of State

**Current Principal Place of Business:**

611 LOS ALTOS DRIVE  
NORTH PORT, FL 34287

**New Principal Place of Business:**

611 LOS ALTOS  
NORTH PORT, FL 34287

**Current Mailing Address:**

611 LOS ALTOS DRIVE  
NORTH PORT, FL 34287

**New Mailing Address:**

611 LOS ALTOS  
NORTH PORT, FL 34287

FEI Number: 65-0974342

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BULL, WILFRED  
611 LOS ALTOS DRIVE  
NORTH PORT, FL 34287 US

**Name and Address of New Registered Agent:**

BULL, WILFRED SR  
611 LOS ALTOS  
NORTH PORT, FL 34287 US

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: WILFRED BULL

03/14/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P, S ( ) Delete  
Name: BULL, WILFRED  
Address: 611 LOS ALTOS DRIVE  
City-St-Zip: NORTH PORT, FL 34287

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P, S (X) Change ( ) Addition  
Name: BULL, WILFRED SR  
Address: 611 LOS ALTOS  
City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the 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: WILFRED BULL

P

03/14/2007

Electronic Signature of Signing Officer or Director

Date