## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P06000147635

Entity Name: LENCA DRYWALL INC

**FILED** Sep 23, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 620 HEADWATERS LANE ST AUGUSTINE, FL 32092 **Current Mailing Address: New Mailing Address:** 620 HEADWATERS LANE 620 HEADWATERS LANE ST AUGUSTINE, FL 32092 SAINT AUGUSTINE, FL 32092 FEI Number: 20-5954377 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALVAREZ, LUIS F 620 HEADWATER LANE ST AUGUSTINE, FL 32092 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: Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: **PRFS** (X) Change ( ) Addition ALVAREZ, LUIS Name: Name: ALVAREZ, LUIS F 620 HEADWATERS LANE 620 HEADWATERS LANE Address: Address: City-St-Zip: SAINT AUGUSTINE, FL 32092 City-St-Zip: SAINT AUGUSTINE, FL 32092 Title: ( ) Delete Title: VΡ ( ) Change (X) Addition

Name: Name: PADILLA-ALVAREZ, JOSE I Address: Address: 620 HEADWATERS LN. ST. AUGUSTINE, FL 32092 City-St-Zip: 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: LUIS F ALVAREZ **PRES** 09/23/2009