

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000149487

1. Entity Name
WINTER DRYWALL & FINISHING, INC



Principal Place of Business
446 SANDLINE RD
WINTER GARDEN, FL 34787

Mailing Address

446 SANDLINE RD
WINTER GARDEN, FL 34787

2. Principal Place of Business - No P.O. Box #
40 S OSCEOLA ST

3. Mailing Address

40 S. osceola st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BEVERLY HILLS, FL

City & State
BEVERLY HILLS, FL

Zip
34465

Country
Citrus

Zip
34465

Country
Citrus

6. Name and Address of Current Registered Agent

MARTINEZ, GERARDO
446 SANDLINE RD
WINTER GARDEN, FL 34787

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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: *Gerardo Martinez*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/6/08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, GERARDO 446 SANDLINE RD WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VEGA, DEISY 446 SANDLINE RD WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Gerardo Martinez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/08

Date

Daytime Phone #