2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 28, 2008 8:00 am Secretary of State

DOCUMENT # P07000032960 1. Enlity Name NORTHEAST FLORIDA DRYWALL, INC.					07-28-2008 9	90028 004 ***150).00
Principal Place 1525-3 ROM JACKSONVILL	NEY STREET	Mailing Address 1525-3 ROMNEY STREE MCKSONVILLE, FL-3221	1	LIEBUAN AN	0045397	. 28/58 111/9 1818 (51/8 \$1/11 87	INDI (6 IND)
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1093 AIA Beach Blud.					
Suite, Apt. #, etc.		Suite, Apt. #, etc. PMB 427		07242008	Chg-P	CR2E034 (12/06)	
City & State	8	St. Augustine	, FL	4. FEI Numbe	"20-87B1	152 AP	plied For t Applicable
Zip	Country	320 90	Country	į.	of Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Current I	Registered Agent		7. Name and	Address of New Re	egistered Agent	
WEBB, DAVID T				Name Webb, David T. Street Address (P.O. Box Number is Not Acceptable)			
4905 BELFORT ROAD, STE. 110 ACKSONVILLE, FL 92256			1525				
				 			
			City	& Jacks	onville	FL Zip Code	
The above named epity submits this statement for the purpose of changing its registered office or registered agent, or both, in the the obligations of registered agent.						rida. I am familiar with,	and accept
							G
SIGNATURE							
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Fine Trust Fund Contribution			· · ·	\$5.00 May Be Added to Fees		vith s. 607.193(2)(b), not receive the prior r	
1			11.	ADDITIONS	CHANGES TO OFFI		3 IN 11
10.	OFFICERS AND		1	710071101107	C. W. C. C. C. C. C. C.	CERS AND DIRECTORS	
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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.

CITY-ST-ZIP

SIGNATURE:

C!TY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21-7414-2008 904-743-4553