

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-28-2008 90028 004 \*\*\*150.00

**DOCUMENT # P07000032960**

1. Entity Name  
**NORTHEAST FLORIDA DRYWALL, INC.**



**60045397**



Principal Place of Business  
**1525-3 ROMNEY STREET  
JACKSONVILLE, FL 32211**

Mailing Address  
~~**1525-3 ROMNEY STREET  
JACKSONVILLE, FL 32211**~~

2. Principal Place of Business - No P.O. Box #  
**1093 AIA Beach Blvd.**

3. Mailing Address  
**1093 AIA Beach Blvd.**

Suite, Apt. #, etc.  
**PMB 427**

Suite, Apt. #, etc.  
**PMB 427**

City & State  
**St. Augustine, FL**

City & State  
**St. Augustine, FL**

Zip  
**32080**

Zip  
**32080**

07242008 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-8789152**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEBB, DAVID T  
4905 BELFORT ROAD, STE. 110  
JACKSONVILLE, FL 32256**

Name  
**Webb, David T.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1525-3 Romney St.**

City  
**Jacksonville FL** Zip Code  
**32211**

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

**21-JUL-2008**

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRES  
WEBB, ALISON L  
1044 SALT WATER CIRCLE  
ST. AUGUSTINE BEACH, FL 32080**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TRES  
WEBB, ALISON L  
1044 SALT WATER CIRCLE  
ST. AUGUSTINE BEACH, FL 32080**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SECT  
WEBB, ALISON L  
1044 SALT WATER CIRCLE  
ST. AUGUSTINE BEACH, FL 32080**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIR  
WEBB, ALISON L  
1044 SALT WATER CIRCLE  
ST. AUGUSTINE BEACH, FL 32080**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIR  
WEBB, DAVID T  
1044 SALT WATER CIRCLE  
ST. AUGUSTINE BEACH, FL 32080**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**21-JULY-2008 904-743-4553**

Date Daytime Phone #