

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000032960

FILED  
Jan 06, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1525-3 ROMNEY STREET  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

**Current Mailing Address:**

1093 AIA BEACH BLVD  
PMB 427  
SAINT AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** 20-8709152

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEBB, DAVID T  
1525-3 ROMNEY ST  
JACKSONVILLE, FL 32211 US

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

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:**

Title: PRES  
Name: WEBB, ALISON L  
Address: 419 HIGH TIDE DRIVE  
City-St-Zip: ST. AUGUSTINE BEACH, FL 32080

Title: TRES  
Name: WEBB, ALISON L  
Address: 419 HIGH TIDE DRIVE  
City-St-Zip: ST. AUGUSTINE BEACH, FL 32080

Title: SECT  
Name: WEBB, ALISON L  
Address: 419 HIGH TIDE DRIVE  
City-St-Zip: ST. AUGUSTINE BEACH, FL 32080

Title: DIR  
Name: WEBB, ALISON L  
Address: 419 HIGH TIDE DRIVE  
City-St-Zip: ST. AUGUSTINE BEACH, FL 32080

Title: DIR  
Name: WEBB, DAVID T  
Address: 419 HIGH TIDE DRIVE  
City-St-Zip: ST. AUGUSTINE BEACH, FL 32080

I hereby 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 all other like empowered.

SIGNATURE: ALISON L WEBB

PRES

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date