

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-28-2008 90002 010 ***150.00

DOCUMENT # P07000057899					
1. Entity Name B DRYWALLED, INC.					
Principal Place of Business 1234 KING JAMES PLACE JACKSONVILLE, FL 32218			Mailing Address 1234 KING JAMES PLACE JACKSONVILLE, FL 32218		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-8892963	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREEN, TERI 1234 KING JAMES PLACE JACKSONVILLE, FL 32218			7. Name and Address of New Registered Agent Name: Christopher Buffington Street Address (P.O. Box Number is Not Acceptable): 1234 King James Place City: Jacksonville FL Zip Code: 32218		
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: DATE: 8/25/08					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing <input type="checkbox"/> \$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 P	NAME GREEN, TERI		TITLE Treasurer	NAME Teri Green	
STREET ADDRESS 1234 KING JAMES PLACE	CITY-ST-ZIP JACKSONVILLE, FL 32218		STREET ADDRESS 1234 King James Place	CITY-ST-ZIP JACKSONVILLE, FL 32218	
TITLE S	NAME BUFFINGTON, ANNA		TITLE 	NAME 	
STREET ADDRESS 1234 KING JAMES PLACE	CITY-ST-ZIP JACKSONVILLE, FL 32218		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE T	NAME BUFFINGTON, CHRIS		TITLE President	NAME Christopher Buffington	
STREET ADDRESS 1234 KING JAMES PLACE	CITY-ST-ZIP JACKSONVILLE, FL 32218		STREET ADDRESS 1234 King James Place	CITY-ST-ZIP JACKSONVILLE, FL 32218	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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:			8/25/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		