

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 03, 2008 8:00 am**  
**Secretary of State**

07-28-2008 90032 017 \*\*\*150.00

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # P07000095590</b><br>1. Entity Name<br><b>ATM DRYWALL SPECIALTY INC</b>   |  |  |  |   |  |
| Principal Place of Business<br><b>124 3RD ST<br/>NICEVILLE, FL 32578</b>   |  |  | Mailing Address<br><b>124 3RD ST<br/>NICEVILLE, FL 32578</b> |   |  |
| 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<br><b>26-0781758</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MOLLENBRINK, TIMOTHY A<br/>124 3RD ST<br/>NICEVILLE, FL 32578</b>  |  |  |  | 7. Name and Address of New Registered Agent<br>Name <u>Timothy Moellenbrink</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>430 Hickory Ave</u><br><u>Niceville</u><br>City <u>FL</u> Zip Code <u>32578</u> |  |
| 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 <u>[Signature]</u><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  |  |  | DATE <u>07-25-08</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small>   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 12, 2008</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b><br><b>MOELLENBRINK, TIMOTHY A</b><br><b>124 3RD ST</b><br><b>NICEVILLE, FL 32578</b> <input type="checkbox"/> Delete    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VP</b><br><b>MOELLENBRINK, TIMOTHY A</b><br><b>124 3RD ST</b><br><b>NICEVILLE, FL 32578</b> <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>SEC</b><br><b>MOELLENBRINK, TIMOTHY A</b><br><b>124 3RD ST</b><br><b>NICEVILLE, FL 32578</b> <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>TRES</b><br><b>MOELLENBRINK, TIMOTHY A</b><br><b>124 3RD ST</b><br><b>NICEVILLE, FL 32578</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>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: <u>[Signature]</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  |  | DATE <u>07-25-08</u> (850) 218-2030<br><small>Date Daytime Phone #</small>  |  |

66016279



07212008 Chg-P CR2E034 (12/06)

# ATTACHMENT

66016279  
# P07000095590

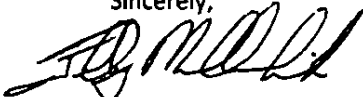
July 21, 2008

Florida Department of State  
Division of Corporation  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Intent to Dissolve ATM Drywall Specialty Inc

I am writing in regards to a notice I received that stated you are intending to dissolve my company I started in August of 2007. I want to comply with all regulations and was unaware of the form called an Annual Business Report that needs to be filed yearly. I have attached my 2008 Annual Business Report along with a check in the amount of \$150.00. I am requesting that you abate any late penalty fees on my newly formed company. I appreciate your assistance and will comply with the filing of the Annual Business Report in the future. I apologize for this inconvenience.

Sincerely,



Timothy Moellenbrink  
President of ATM Drywall Specialty Inc