2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000025196

FILED Apr 25, 2006 Secretary of State

Entity Name: KELLEY'S DRYWALL OF MARION COUNTY, INC.

Current Principal Place of Business:		New Principal Place of Business:		
16140 SE SUMMER	91 CT FIELD, FL 344	91		
Current Mailing Address:		New Mailing Address:		
16140 SE SUMMER	91 CT FIELD, FL 344	91		
FEI Number	r: 59-3174356	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
ARTMAN, 16140 SE SUMMER		91 US		
The above	e named entity se of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
The above	e of Florida. RE:			ed office or registered agent, or both,
The above n the Stat SIGNATU	e of Florida. RE: Electror	nic Signature of Registered Ag		ed office or registered agent, or both, Date
The above n the Stat SIGNATU	e of Florida. RE: Electror			
The above n the Stat SIGNATU Election Ca	e of Florida. RE: Electror	nic Signature of Registered Ag	ent	
The above n the Stat SIGNATU Election Ca	e of Florida. RE: Electror mpaign Financing S AND DIREC	nic Signature of Registered Agg Trust Fund Contribution (). TORS: Delete EY C AVE	ent	Date
The above n the State SIGNATU Election Ca OFFICER Vittle: Vame: Address:	e of Florida. RE: Electror mpaign Financing S AND DIREC D () KELLEY, RICK 5135 NE 25TH OCALA, FL 34	nic Signature of Registered Agg Trust Fund Contribution (). TORS: Delete EY C AVE 479 Delete RK D III	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GAYLA L ARTMAN S 04/25/2006