


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90036 007 ***150.00

DOCUMENT # P93000076865	
1. Entity Name ADVANCED DRYWALL INSTALLATION, INC.	

Principal Place of Business 7952 WENTWORTH DR. LAKE WORTH, FL 33467	Mailing Address 7952 WENTWORTH DR. LAKE WORTH, FL 33467
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50005420



2. Principal Place of Business	3. Mailing Address <i>7900 W Country Club Bld.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01202006 Chg-P CR2E034 (11/05)

City & State	City & State
Zip	Country

4. FEI Number 65-0453973	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MUSIC, CARLO 7592 WENTWORTH DR. LAKE WORTH, FL 33467

7. Name and Address of New Registered Agent Name <i>NED PAVICH / mailing address /</i> Street Address (P.O. Box Number is Not Acceptable) <i>7900 W Country Club Bld.</i> City <i>BOCA RATON FL</i> Zip Code <i>33487</i>
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUZIC, CARLO 7592 WENTWORTH DR. LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAVICH, NED 7900 W. COUNTRY CLUB BLVD. BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Ned Pavich* *NED PAVICH* 3-20-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #