

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90175 028 ***150.00



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1. Entity Name
QUALITY DRYWALL OF BAY COUNTY, INC.

Principal Place of Business
8421 MUDD LANE
SOUTHPORT, FL 32409 US

Mailing Address
P.O. BOX 1620
LYNN HAVEN, FL 32444 US



02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3222342 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WADDELL, ROSE L
8421 MUDD LANE
SOUTH PORT, FL 32409

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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

TITLE DST
NAME WADDELL, ROSE L
STREET ADDRESS 8421 MUDD LANE
CITY-ST-ZIP LYNN HAVEN, FL

TITLE DP
NAME WADDELL, RALPH D
STREET ADDRESS 8421 MUDD LANE
CITY-ST-ZIP LYNN HAVEN, FL

TITLE VP
NAME BELL, CHARLES SAMUEL
STREET ADDRESS 8421 MUDD LANE
CITY-ST-ZIP LYNN HAVEN, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *Rose L. Waddell* (Sec. STAA) 3-7-06 (850) 265-8512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #