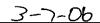
## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 08, 2006 8:00 am Secretary of State DOCUMENT # P93000087157 03-08-2006 90175 028 \*\*\*150 00 1. Entity Name QUALITY DRYWALL OF BAY COUNTY, INC. Principal Place of Business Mailing Address 8421 MUDD LANE P.O. BOX 1620 SOUTHPORT, FL 32409 LYNN HAVEN, FL 32444 02022006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3222342 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WADDELL, ROSE L DO NOT WRITE 8421 MUDD LANE SOUTH PORT, FL 32409 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DST TITLE WADDELL, ROSE L NAME 8421 MUDD LANE STREET ADDRESS CITY-ST-ZIP LYNN HAVEN, FL DΡ TITLE WADDELL, RALPH D NAME STREET ADDRESS 8421 MUDD LANE CITY-ST-ZIP LYNN HAVEN, FL TITLE BELL, CHARLES SAMUEL NAME 8421 MUDD LANE STREET ADDRESS DO NOT WRITE LYNN HAVEN, FL CITY-ST-ZIP IN THIS SPACE TITLE NAME 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP







**FILED**