2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000087157

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

US

FILED Feb 07, 2007 08:00 AM Secretary of State

Principal Place of Business

8421 MUDD LANE SOUTHPORT, FL 32409 US Mailing Address

P.O. BOX 1620

LYNN HAVEN, FL 32444



01182007

No Chg-P

CR2E034 (11/05)

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

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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					
		9. Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WADDELL, ROSE L 8421 MUDD LANE LYNN HAVEN, FL	CTORS			U00000625492 02/14/07-80077-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WADDELL, RALPH D 8421 MUDD LANE LYNN HAVEN, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BELL, CHARLES SAMUEL 8421 MUDD LANE LYNN HAVEN, FL		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Ē		
TITLE NAME					

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 employered 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 employered.

SIGNATURE:

SIGNATURE AND THEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6.07 (50)265-8512

Daytime Phone #