


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P93000087157

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 US **LYNN HAVEN, FL 32444 US**

DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3222342	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U000000034611
 04/24/08-80036-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WADDELL, ROSE L 8421 MUDD LANE LYNN HAVEN, FL
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
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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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 / **ROSE L. WADDELL** 4/10/08 (850) 265-8512
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #