


**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.	
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Principal Place of Business 8421 MUDD LANE SOUTHPORT, FL 32409 US	Mailing Address P.O. BOX 1620 LYNN HAVEN, FL 32444 US
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**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"/>	<b>\$8.75</b> 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 \_\_\_\_\_

**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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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 / ROSE L. WADDELL 4/10/08 (850) 265-8512  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #