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
8421 MUDD LANE
SOUTHPORT, FL 32409 US

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

01092008 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

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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

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

U00000094611
04/24/08-80036-005 150.00

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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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 #