



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000011475</b>	
<b>1. Entry Name</b> JOE CHAFIN DRYWALL, INC.	

<b>Principal Place of Business</b> 8967 BARCO LN JACKSONVILLE, FL 32222	<b>Mailing Address</b> 8967 BARCO LN JACKSONVILLE, FL 32222
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01302006	No Chg-P CR2E034 (11/05)
<b>4. FEI Number</b> 59-3234215	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

CHAFIN, JACKIE  
8967 BARCO LN  
JACKSONVILLE, FL 32222

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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:** *Jackie Chafin President* **DATE:** 2-8-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2006 Fee will be \$550.00	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000426674 02/20/06-80054-002 150.00
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D CHAFIN, JOSEPH STEVE 8967 BARCO LN JACKSONVILLE, FL
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD CHAFIN, JACKIE 8967 BARCO LN JACKSONVILLE, FL 32222
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	V CHAFIN, JOSEPH H 8967 BARCO LN JACKSONVILLE, FL 32222
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> 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 changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Jackie Chafin* **JACKIE CHAFIN** **DATE:** 2-8-06 **DAYTIME PHONE #:** 904-573-0049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR