

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000011475

1. Entity Name
JOE CHAFIN DRYWALL, INC.



Principal Place of Business
8967 BARCO LN
JACKSONVILLE, FL 32222

Mailing Address
8967 BARCO LN
JACKSONVILLE, FL 32222

FILED
Feb 14, 2007 08:00 AM
Secretary of State



01312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3234215

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAFIN, JACKIE
8967 BARCO LN
JACKSONVILLE, FL 32222

**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

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHAFIN, JOSEPH STEVE
STREET ADDRESS	8967 BARCO LN
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	PD
NAME	CHAFIN, JACKIE
STREET ADDRESS	8967 BARCO LN
CITY-ST-ZIP	JACKSONVILLE, FL 32222
TITLE	V
NAME	CHAFIN, JOSEPH H
STREET ADDRESS	8967 BARCO LN
CITY-ST-ZIP	JACKSONVILLE, FL 32222
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000635181
02/23/07-80004-007 150.00

**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: *Jackie Chafin* **JACKIE CHAFIN** president 2-13-07 904 573-0049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #