2007 FOR PROFIT CORPORATION. ANNUAL REPORT (AR)

FILED Feb 23, 2007 08:00 AM Secretary of State DOCUMENT # P95000002106 COMPLETE DRYWALL SERVICE INC. Principal Place of Business Mailing Address 16243 E. SECRETARIAT DRIVE LOXAHATCHEE FL 33470 16243 E. SECRETARIAT DRIVE LOXAHATCHEE FL 33470 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For 4. FEI Number City & State City & State 59-3287945 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOROWSKI, RONALD W Street Address (P.O. Box Number is Not Acceptable) 16243 E. SÉCRETARIAT DRIVE LOXAHATCHEE FL 33470 Zip Code City 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 Signiziuro, typod or printed name of registered agent and tifle if applicable. (NOTE: Registered Agent signature required when redistating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Electron Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Change mu' ☐ Delete ШЕ RONALD W. BOROWSKI NAME NAMI 16243 E. SECRETARIAT DRIVE STREET ADDRESS 000000645962 STREET ADDRESS LOXAHATCHEE FL 03/06/07-80010-024 158.75 CHY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition HILL Delete ши DONALD R. BOROWSKI NAME NAME 3025 JACKSON AVE STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33463 CITY-S1-Z# CIFY - ST- ZIP Change Addition ☐ Delete MIG: MILE KECIA F. BOROWSKI NAME NAME 16243 E. SECRETARIAT DRIVE STREET ADORESS STREET ADDRESS LOXAHATCHEE FL CHY-ST-74P CHY-SI-ZIP Addition ☐ Change ☐ Delete TITLE THE NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete ☐ Change THE HHE NAME NAME

12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal offect as if made under oath; that I am an officer or director of the corporation or the recover or trustop 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 any address, with all other like empowered.

STREET ADDRESS

STREET ADORESS City-St-Zip

CITY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

HHI

nami' Street address

130/07 56/ 753 6/36
Dayling Pronu #

Change

■ Addition