2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 12, 2007 8:00 am DOCUMENT # P95000013256 **Secretary of State** 1. Entity Name 02-12-2007 90100 041 ***150.00 BEST DRYWALL SERVICES, INC. Principal Place of Business Mailing Address -3715 S.E. 21ST AVENUE-CAPE CORAL FL 33904 3715 S.E. 21ST AVENUE-CAPE CORAL FL 33904 2. Principal Place of Business - No P.O. Box # 1939 SE 32nd TEX CR2E034 (10/06) 1st MOORE 4. FEI Number 65-0547244 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, WILLIAM R 3715 S.E. 218T AVENUE Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33904 Cupe Coral 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. William R. Smith FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Addition SMITH, WILLIAM R NAME NAME 1939 SE 32nd TEL 3715 S.E. 21ST AVENUE STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 CUY-SI-7IP Cape Coral, FL. 33904 CITY-ST-7IP THILE Delete TITLE Change ☐ Addition SMITH, BARBARA NAME NAME 124 SE 6th St. Cape Ciral, Pl. 33990 3703 SW 21ST AVENUE STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-7IP CITY-ST-ZIP ши ☐ Delete TITLE Change ■ Addition NAM STREET ADDRESS STREET ADDRESS CITY- \$1-719 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP THREE ☐ Delete Change ☐ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP 12. I hereby 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 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.

FILED

William L. Smith 239-945-2329 (0) 239-170-6029 (C)