2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

Apr 27, 2006 8:00 am Secretary of State DOCUMENT # P95000080844 04-27-2006 90149 048 ***150.00 1. Entity Name JAYCO DRYWALL, INC. Mailing Address Principal Place of Business 40003 2787 BLANDING BLVD. P O BOX 1556 MIDDLEBURG, FL 32050 MIDDLEBURG, FL 32068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03292006 Chg-P CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 59-3309372 Not Applicable Zip Country Zip Country \$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 MOSLEY, DONALD E Street Address (P.O. Box Number is Not Acceptable) 4304 HALL BOREE ROAD MIDDLEBURG, FL 32068 City Zip Code 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 aistered agen SIGNATURE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DPS Delete TITLE Change ☐ Addition TITLE MOSLEY, DONALD E NAME NAME 4304 Hall Boree Road STREET ADDRESS STREET ADDRESS 2900 CREEK ST midakturg, FL 32068 CITY-ST-ZIP MIDDLEBURG, FL 32068 CITY-ST-ZIP Delete TITLE Change Addition TITLE MOSLEY, ARNOLD D NAME NAME 4304 Hall Boree Road STREET ADDRESS 2900 CREEK ST STREET ADDRESS middleburg, fl MIDDLEBURG, FL 32068 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change □ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 receive of 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

Daytime Phone #