


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000088684

1. Entity Name
DRYWALL REPAIR & TEXTURE, INC.



Principal Place of Business Mailing Address

1722 NE 27TH ST 1722 NE 27TH ST
 CAPE CORAL, FL 33909 US CAPE CORAL, FL 33909 US

DO NOT WRITE IN THIS SPACE



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0640929 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VEILLEUX, AMANDA
 1722 NE 27TH ST
 CAPE CORAL, FL 33909

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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: *Leon Veilleux* *Am. No changes* DATE: *4-27-06*

Signature, typed or printed name of registered agent, as applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

1100000546908
 05/12/06-80003-005 150.00

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	VEILLEUX, LEON
STREET ADDRESS	1722 N.E. 27TH STREET
CITY-ST-ZIP	CAPE CORAL, FL 33909
TITLE	D
NAME	VEILLEUX, AMANDA
STREET ADDRESS	1722 N.E. 27TH STREET
CITY-ST-ZIP	CAPE CORAL, FL 33909
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *x Amanda Veilleux* *AMANDA VEILLEUX* *x* DATE: *4-27-06* DAYTIME PHONE: *239-574-6819*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #