

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000088684**

1. Entity Name

DRYWALL REPAIR & TEXTURE, INC.



Principal Place of Business

1722 NE 27TH ST  
 CAPE CORAL FL 33909  
 US

Mailing Address

1722 NE 27TH ST  
 CAPE CORAL FL 33909  
 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE CR2E034 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0640929**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 registered agent.

SIGNATURE

*Amanda Veilleux* AMANDA VEILLEUX

01/29/07

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**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	VEILLEUX, LEON	1722 N.E. 27TH STREET	CAPE CORAL FL 33909	<input type="checkbox"/>
D	VEILLEUX, AMANDA	1722 N.E. 27TH STREET	CAPE CORAL FL 33909	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		U00000734639	05/10/07-80001-023 150.00	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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.

SIGNATURE:

*Amanda Veilleux* AMANDA VEILLEUX 4/19/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #