2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT Jan 08, 2007 08:00 AM **DOCUMENT # P96000047342 Secretary of State** 1. Entity Name CLASSIC DRYWALL, INC. Principal Place of Business Mailing Address 2661 OLD DIXIE HIGHWAY 2661 OLD DIXIE HIGHWAY KISSIMMEE, FL 34744 KISSIMMEE, FL 34744 No Chg-P CR2E034 (11/05) 01032007 Applied For 4. FEI Number 59-3380429 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MILWEE, PERRY DO NOT WRITE 2661 OLD DIXIE HIGHWAY KISSIMMEE, FL 34744 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE NAME MILWEE, PERRY STREET ADDRESS 2661 OLD DIXIE HIGHWAY CITY-ST-ZIP KISSIMMEE, FL 34744 TITLE MILWEE, KATY JO NAME 2661 OLD DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34744 TITLE NAME STREET ADDRESS DO NOT WRIT CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Perry C. Milwee

13/07 407-846-285.

Daytime Phone ₱

FILED