


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

06-05-2006 90147 010 \*\*\*150.00

**DOCUMENT # P96000050874**

1. Entity Name  
 THOMAS B. WESTBERRY DRYWALL, INC.



Principal Place of Business  
~~4620 SWORD FISH DRIVE~~  
 BRADENTON, FL 34208

Mailing Address  
~~4620 SWORD FISH DRIVE~~  
 BRADENTON, FL 34208

*STREET CHANGE ONLY*

50020641



2. Principal Place of Business  
 195 AMERICAS CUP BLVD  
 Suite, Apt. #, etc.

3. Mailing Address  
 195 AMERICAS CUP BLVD  
 Suite, Apt. #, etc.

01172006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number  
 65-0603449

Applied For  
 Not Applicable

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**

WESTBERRY, THOMAS B  
 4620 SWORD FISH DRIVE  
 BRADENTON, FL 34208

Name

Street Address (P.O. Box Number is Not Acceptable)  
 195 AMERICAS CUP BLVD

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

**10. OFFICERS AND DIRECTORS** **11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WESTBERRY, THOMAS B	<input type="checkbox"/> Delete	NAME: 195 AMERICAS CUP BLVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 4620 SWORD FISH DRIVE		STREET ADDRESS: 195 AMERICAS CUP BLVD	
CITY-ST-ZIP: BRADENTON, FL 34208		CITY-ST-ZIP: BRADENTON FL 34208	
TITLE:	<input type="checkbox"/> Delete	TITLE: VICE PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		NAME: JENNIFER LYNN WESTBERRY	
STREET ADDRESS:		STREET ADDRESS: 195 AMERICAS CUP BLVD	
CITY-ST-ZIP:		CITY-ST-ZIP: BRADENTON FL 34208	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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: THOMAS B. WESTBERRY PRES. 4/27/06

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