

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # P96000095154**  
 1. Entity Name  
**J.D.M. DRYWALL, INC.**

Principal Place of Business      Mailing Address  
**3924 WEST ROBSON STREET**      **3924 WEST ROBSON STREET**  
**TAMPA FL 33614**      **TAMPA FL 33614**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/06)

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number **59-3415448**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**FLORES, MELANIE F.**  
**392 E. ROBSON ST**  
**TAMPA FL 33614**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE Registered Agent signature required when re-registering)      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	PT	<input type="checkbox"/> Delete
NAME	FLORES, MELANIE F	
STREET ADDRESS	3924 WEST ROBSON STREET	
CITY-STATE-ZIP	TAMPA FL 33614	
TITLE	V	<input type="checkbox"/> Delete
NAME	FLORES, MIGUEL	
STREET ADDRESS	3924 WEST ROBSON STREET	
CITY-STATE-ZIP	TAMPA FL 33614	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARIN, HERIBERTO	
STREET ADDRESS	5510 N. HINES AVE #1301	
CITY-STATE-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

U00000595963  
 01/23/07-80060-010 150.00

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: *Melanie F. Flores*      **Melanie F. Flores**      1-19-07      2438230  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

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