## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P97000088342 02-03-2006 90012 028 \*\*\*150.00 CLAUDE J. SIMS DRYWALL, INC. 4000000 Principal Place of Business Mailing Address 2150 PALOMA ST P.O. BOX 484 NAVARRE, FL 32566 MARY ESTHER, FL 32569 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. CR2E034 (11/05) 01312006 City & State City & State Applied For 4. FEI Number 59-3473412 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent -SIMS, CLAUDE J 2150 PALOMA ST Street Address (P.O. Box Number is Not Acceptable) NAVARRE, FL 32566: City Zip Code FL 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Director TITLE Delete Addition TITLE Change SIMS, CLAUDE J Claude J, Sims, SR. NAME NAME 2150 Paloma ST STREET ADDRESS 2150 PALOMA ST STREET ADDRESS CITY-ST-ZIP NAVARRE, FL 32566 CITY-ST-ZIP Navarre, FL 32566 TITLE CA ☐ Delete TIFLE ☐ Change Addition SIMS, ANGELA A NAME NAME STREET ADDRESS 2162 PALOMA ST STREET ADDRESS NAVARRE, FL 32566 CITY-ST-78P CITY-ST-7IP TITLE Delete President TITLE X Change Addition SIDURY R. SIMS. 2162 Paloma ST. NAME SIMS...SIDNEY.R NAME STREET ADDRESS 2162 PALOMA STREET STREET ADDRESS CITY-ST-ZIP NAVARRE, FL 32566 CITY-ST-ZIP Navarre FL. 32566 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ 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.

Aryela MO OFFICER OR DIRE

A. Sims

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

SIGNATURE:

FILED Feb 03, 2006 8:00 am

850-939-4772

31 Jan. 2006