

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000014169

Entity Name: G. M. DRYWALL, INC.

FILED
Jan 03, 2006
Secretary of State

Current Principal Place of Business:

8034 TRIONFO AVENUE
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

8034 TRIONFO AVENUE
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 59-0809948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, KIM
8034 TRIONFO AVENUE
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

MCCLURE, GIL
8034 TRIONFO AVENUE
NORTH PORT, FL 34287 US

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.

SIGNATURE: GIL MCCLURE

01/03/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCLURE, GILBERT
Address: 48 PENNSYLVANIA AVE
City-St-Zip: OSPREY, FL 34229

Title: DAS () Delete
Name: NELSON, KIM
Address: 8034 TRIONFO AVENUE
City-St-Zip: NORTH PORT, FL 34287

Title: DST () Delete
Name: MCCLURE, CHARLES T
Address: 48 PENNSYLVANIA AVE
City-St-Zip: OSPREY, FL 34229

Title: V (X) Delete
Name: ROSSEN, SCOTT M
Address: 5543 PALMER BLVD
City-St-Zip: SARASOTA, FL 34232

Title: D (X) Delete
Name: NELSON, ROBERT
Address: 8034 TRIONFO AVENUE
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCCLURE, GILBERT
Address: 8034 TRIONFO AVE
City-St-Zip: NORTH PORT, FL 34287

Title: V (X) Change () Addition
Name: ROSSEN, SCOTT M
Address: 5543 PALMER BLVD
City-St-Zip: SARASTOA, FL 34232

Title: DST (X) Change () Addition
Name: MCCLURE, CHARLES T
Address: 8034 TRIONFO AVE
City-St-Zip: NORTH PORT, FL 34287

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GIL MCCLURE

PD

01/03/2006

Electronic Signature of Signing Officer or Director

Date