2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000014175

Entity Name: J & M DRYWALL, INC.

123 W. WENTWORTH

ENGLEWOOD, FL

Address:

City-St-Zip:

FILED Jan 03, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
48 PENNSYLVANIA AVE OSPREY, FL 34229				2117 CASS ST SARASOTA, FL 34231		
Current Mailing Address:				New Mailing Address:		
48 PENNSYLVANIA AVE OSPREY, FL 34229				2117 CASS ST SARASOTA, FL 34231		
FEI Number:	: 65-0809966	FEI Number Applied For ()	FEI Numbe	er Not Appli	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
GOLDSMITH, STANLEY A ESQ 1605 MAIN STREET SUITE 1001 SARASOTA, FL 34236 US				MCCLURE, GIL A 8034 TRIONFO AVE NORTH PORT, FL 34287 US		
The above in the State	named entity e of Florida.	submits this statement for the p	urpose of c	hanging it	s registered o	ffice or registered agent, or both,
SIGNATURE: GIL MCCLURE				01/03/2006		
		nic Signature of Registered Age	nt			Date
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	DPAT (MCCLURE, JE 2117 CASS ST SARASOTA, FL	REET	Na Ad	itle: ame: ddress: ity-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	DVAS (MCCLURE, JO 48 PENNSYLV OSPREY, FL 3	ANIA AVE	Na Ad	itle: ame: ddress: ity-St-Zip:	DVAS (X) MCCLURE, JOS 8034 TRIONFO NORTH PORT,	AVE
Title: Name: Address: City-St-Zip:	DST (MCCLURE, GII 48 PENNSYLV OSPREY, FL 3	ANIA AVE	Na Ad	itle: ame: ddress: ity-St-Zip:	DST (X) MCCLURE, GIL 8034 TRIONFO NORTH PORT,	AVE
Title: Name:	V (X FIELDS, SHAW) Delete /N E		itle: ame:	()	Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: GIL MCCLURE DST 01/03/2006