## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000046003

Entity Name: DRY WALL SYSTEMS III, INC.

FILED Jan 07, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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984 E. NORMANDY BLVD. DELTONA, FL 327256459 US

**Current Mailing Address: New Mailing Address:** 

984 E. NORMANDY BLVD DELTONA, FL 327256459 US

FEI Number: 59-3533821 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PENNER, ELMER E ALL FLORIDA FIRM INC 984 E. NORMANDY BLVD. **DELTONA BLVD** DELTONA, FL 327256459 US STE A DELTONA, FL 32725 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: NOELLE KELLY 01/07/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Address:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition PENNER, ELMER E PENNER, ELMER E Name: Name: 984 E. NORMANDY BLVD. 984 E. NORMANDY BLVD. Address: Address: City-St-Zip: DELTONA, FL 327256459 US City-St-Zip: DELTONA, FL 32725 US

Title: (X) Change ( ) Addition Title: () Delete

PENNER, JEAN Name: Name: PENNER, MARK 984 E. NORMANDY BLVD. 984 E. NORMANDY BLVD. Address: Address: DELTONA, FL 327256459 US DELTONA, FL 32725 US City-St-Zip: City-St-Zip:

Title: (X) Change ( ) Addition Title: ( ) Delete

PENNER, MARK E PENNER, JUSTIN E Name: Name: 984 E NORMANDY BLVD 984 E NORMANDY BLVD Address: Address: City-St-Zip: DELTONA, FL 327256459 US City-St-Zip: DELTONA, FL 32725 US

Title: (X) Delete Title: () Change () Addition Name:

PENNER, JUSTIN Name: 984 E NORMANDY BLVD Address: City-St-Zip: DELTONA, FL 327256459 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ELMER E PENNER D 01/07/2008