2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000066747

1. Entity Name

WYNN DRYWALL, INC.

Principal Place of Business	Mailing Address
4617 HIGHWAY AVENUE JACKSONVILLE FL 32205	4617 HIGHWAY AVENUE JACKSONVILLE FL 32205

1st MOORE CR2E034 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3519988 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COURTNEY, DEREK W 8872 HECKSCHER DR JACKSONVILLE FL 32226	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

000000403743
02/09/06-80008-013 150.00

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May F Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VTD	☐ Delete	TITLE	☐ Change ☐ Add
NAME	WYNN, LARRY CULLEN		NAME	
STREET ADDRESS	8872 HECKSCHER DR		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32226		CITY-ST-ZIP	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Add
NAME	WYNN, WANDA		NAME	
STREET ADDRESS	8872 HECKSCHER DR		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32226		CITY-ST-ZIP	
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Add
NAME	HOLLOWAY, GREGORY R		NAME	
STREET ADDRESS	784 HARDWOOD DR.		STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32065		CITY-ST-ZIP	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Add
NAME	COURTNEY, DEREK WESLEY		NAME	
STREET ADDRESS	8872 HECKSCHER DR		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32226		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add
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 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: Wanda Wynn 1/24/06 709-981-84