


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000025298**

1. Entity Name  
**BUCKEYE DRYWALL, INC.**



Principal Place of Business <b>1610 145TH STREET EAST          BRADENTON, FL 34212</b>	Mailing Address <b>C/O DRESLIN FINANCIAL SERV.          7985 113TH STREET -SUITE 220          SEMINOLE, FL 33772</b>
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0910377</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DRESLIN FINANCIAL SERVICES  
 7985 112TH STREET  
 SUITE 220  
 SEMINOLE, FL 33772**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRAFT, CRAIG A 1610 145TH STREET EAST BRADENTON, FL 34212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRAFT, TAMBRA 1610 145TH STREET EAST BRADENTON, FL 34212
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 01/12/07-80048-002 150.00

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.

**SIGNATURE:** *Craig A Kraft*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #