

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000039138

Entity Name: KASTEN DRYWALL, INC.

FILED
Feb 21, 2008
Secretary of State

Current Principal Place of Business:

41 FRENCH AVE.
INGLEWOOD, FL 34223

New Principal Place of Business:

41 FRENCH AVE.
INGLEWOOD, FL 34223

Current Mailing Address:

41 FRENCH AVE.
INGLEWOOD, FL 34223

New Mailing Address:

41 FRENCH AVE.
INGLEWOOD, FL 34223

FEI Number: 65-0923233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KASTEN, STEVE
41 FRENCH AVE.
INGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KASTEN, STEVEN C
Address: 41 FRENCH AVE.
City-St-Zip: INGLEWOOD, FL 34223

Title: STD () Delete
Name: KASTEN, BRIDGETTE J
Address: 41 FRENCH AVE.
City-St-Zip: INGLEWOOD, FL 34223

Title: VPD () Delete
Name: PACINELLI, VINCE
Address: 11780
City-St-Zip: ENGLEWOOD, FL 34224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KASTEN, STEVEN C
Address: 41 FRENCH AVE.
City-St-Zip: ENGLEWOOD, FL 34223

Title: STD (X) Change () Addition
Name: KASTEN, BRIDGETTE J
Address: 41 FRENCH AVE.
City-St-Zip: ENGLEWOOD, FL 34223

Title: VPD (X) Change () Addition
Name: PACINELLI, VINCE
Address: 41 FRENCH AVE.
City-St-Zip: ENGLEWOOD, FL 34224

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: STEVEN KASTEN

PRES

02/21/2008

Electronic Signature of Signing Officer or Director

_____ Date