

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90019 020 ***150.00

DOCUMENT # P99000039590

1. Entity Name
ATLANTIC DRYWALL, INC.



Principal Place of Business

~~2320 TREASURE ISLE DRIVE~~
~~#68 855 Madison Ct~~
PALM BEACH GARDENS, FL 33410

Mailing Address

~~2320 TREASURE ISLE DRIVE~~
~~#68 855 Madison Ct~~
PALM BEACH GARDENS, FL 33410



DO NOT WRITE IN THIS SPACE

02252006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0918194

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STEDMAN, KAREN E
3931 RCA BLVD.
SUITE 3101
PALM BEACH GARDENS, FL 33410

**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

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

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

D
HERMAN, DONALD
~~2320 TREASURE ISLE DRIVE~~ 855 Madison Ct.
~~PALM BEACH GARDENS, FL 33410~~ PALM BEACH GARDENS, FL 33410

TITLE
NAME
STREET ADDRESS
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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:

Donald N. Herman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #