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Secretary of State

03-31-2008 90034 043 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S01917

1. Entity Name
ROBERT'S DRYWALL SYSTEMS, INC.

40055662

Principal Place of Business
2557 SE HEMSING STREET
PORT SAINT LUCIE, FL 34984 US

Mailing Address
2557 SE HEMSING STREET
PORT SAINT LUCIE, FL 34984 US

DO NOT WRITE IN THIS SPACE

03022008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0218480

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

6. Name and Address of Current Registered Agent

MONESCALCHI, RICHARD J ESQ
6894 LAKE WORTH RD
STE 203
LAKE WORTH, FL 33467

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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

Title	P
Name	SCHWARTZBERG, ROBERT H
Street Address	947 BAYVIEW ROAD
City-St-Zip	LAKE WORTH, FL 33463
Title	T
Name	SCHWARTZBERG, ROBERT H
Street Address	947 BAYVIEW ROAD
City-St-Zip	LAKE WORTH, FL 33463
Title	P
Name	SCHWARTZBERG ROBERT H.
Street Address	2557 S.E. HEMSING ST.
City-St-Zip	PORT ST. LUCIE FL. 34984
Title	T.
Name	SCHWARTZBERG ROBERT H.
Street Address	2557 S.E. HEMSING ST.
City-St-Zip	PORT ST. LUCIE FL. 34984
Title	
Name	
Street Address	
City-St-Zip	
Title	
Name	
Street Address	
City-St-Zip	

DO NOT WRITE IN THIS SPACE

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 has been changed, or on an attachment with an address, with all other like empowered.

SIGNATURE ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE