2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State
04-05-2006 90140 048 ***185.00

DOCUMENT # S10408

1. Entity Name
PEDDIE ACOUSTICS & DRYWALL, INC.

Principal Place of Business	Mailing Address
1001 COLONIAL DRIVE HAVANA, FL 32333	1001 COLONIAL DRIVE HAVANA, FL 32333

02242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
8059 E. Cypress Dr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DonaldSonville Ga.	City & State
Zip: 39845-5206 Country	Zip Country

4. FEI Number 59-3035590 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
PEDDIE, BOBBY
~~1001 COLONIAL DRIVE~~
~~HAVANA, FL 32333~~

7. Name and Address of New Registered Agent
Name: Barbara Johnson
Street Address (P.O. Box Number is Not Acceptable): ~~8059 E. Cypress Dr.~~ 313 E. Jefferson st.
City: ~~DonaldSonville~~ Quincy ~~GA~~ Fl. Zip Code ~~39845~~ 32351

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: Barbara Johnson DATE: 3-31-06
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PEDDIE, BOBBY N		NAME	
STREET ADDRESS	~~1001 COLONIAL DRIVE~~		STREET ADDRESS	8059 E Cypress Dr.
CITY-ST-ZIP	~~HAVANA, FL 32333~~		CITY-ST-ZIP	DonaldSVille GA 39845
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PEDDIE, CAROLYN J		NAME	
STREET ADDRESS	~~1001 COLONIAL DRIVE~~		STREET ADDRESS	8059 E. Cypress Dr.
CITY-ST-ZIP	~~HAVANA, FL 32333~~		CITY-ST-ZIP	DonaldSonville, Ga. 39845
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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 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: Bobby N Peddie 3-11-06 229 861 3998
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)