


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # S51866 1. Entity Name EAST LAKE DRYWALL, INC.	
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Principal Place of Business P.O. BOX 700829 ST. CLOUD, FL 34770	Mailing Address P.O. BOX 700829 ST. CLOUD, FL 34770
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DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FET Number 59-3074104	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**OAKLEY, VALERIE L.
4615 RUMMEL ROAD
ST. CLOUD, FL 34771**

**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 *Valerie L. Oakley* **VALEKIE Oakley** **2-20-06**
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when certifying) 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

**1100000482116
04/11/06-80060-017 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OAKLEY, CHARLES E. P O BOX 700829 N/A ST. CLOUD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OAKLEY, VALERIE L. PO BOX 700829 N/A ST. CLOUD, FL
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Valerie L. Oakley* **VALEKIE Oakley** **2-20-06** **407-892-1875**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #