

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S51866

Entity Name: EAST LAKE DRYWALL, INC.

FILED
Feb 25, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 700829
ST. CLOUD, FL 34770

New Principal Place of Business:

4615 RUMMELL ROAD
ST. CLOUD, FL 34771

Current Mailing Address:

P.O. BOX 700829
ST. CLOUD, FL 34770

New Mailing Address:

FEI Number: 59-3074104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

OAKLEY, VALERIE L.
4615 RUMMELL ROAD
ST. CLOUD, FL 34771 US

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: VALERIE OAKLEY

02/25/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OAKLEY, CHARLES E.,
Address: P O BOX 700829 N/A
City-St-Zip: ST. CLOUD, FL

Title: D () Delete
Name: OAKLEY, VALERIE L.,
Address: PO BOX 700829 N/A
City-St-Zip: ST. CLOUD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: VALERIE OAKLEY

PRES

02/25/2007

Electronic Signature of Signing Officer or Director

Date