

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# V06831

Entity Name: S.A.M. DRYWALL INC.

**FILED**  
**Apr 23, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

5600 ZIP DRIVE  
FORT MYERS, FL 33905 US

**New Principal Place of Business:**

**Current Mailing Address:**

5600 ZIP DRIVE  
FORT MYERS, FL 33905 US

**New Mailing Address:**

FEI Number: 65-0308476

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PITKIN, JERALD R ESQ.  
801 ANCHOR RODE DRIVE  
SUITE 203  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

CORPORATE REGISTERED AGENT LLC  
5147 CASTELLO DRIVE  
NAPLES, FL 34103 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: MARK SLACK- MANAGING MEMBER

04/23/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: SCALORA, JOSEPH F  
Address: 5600 ZIP DRIVE  
City-St-Zip: FORT MYERS, FL 33905

Title: PST ( ) Delete  
Name: BURNES, LARRY  
Address: 5600 ZIP DRIVE  
City-St-Zip: FORT MYERS, FL 33905

Title: D ( ) Delete  
Name: BURNES, LARRY  
Address: 5600 ZIP DRIVE  
City-St-Zip: FORT MYERS, FL 33905

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: LARRY BURNES

PRES

04/23/2007

Electronic Signature of Signing Officer or Director

Date