


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # V20013 1. Entity Name CENTRAL DRYWALL CONTRACTORS, INCORPORATED	
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Principal Place of Business 10714 FLORENCE AVE SUITE A THONOTOSASSA, FL 33592-2717 US	Mailing Address 10714 FLORENCE AVE SUITE A THONOTOSASSA, FL 33592-2717 US
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01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3105191	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SCOTT, WAYNE 10714 FLORENCE AVE SUITE A THONOTOSASSA, FL 33592-2717
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT, WAYNE 10714 FLORENCE AVE., SUITE A THONOTOSASSA, FL 335922717
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCOTT, CHRISTOPHER 1006 BELL SHOALS LANE BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WICKER, ROBERT L 7516 ARTIFACT DR WIMAUMA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/16/07-80003-004 158.75

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christopher L. Scott **CHRISTOPHER L. SCOTT** 1/16/07 813-986-4240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #