


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90027 006 ***150.00

DOCUMENT # P03000106142

1. Entity Name
F.A.B. DRYWALL, INC.



Principal Place of Business Mailing Address

1616 KENDRICK DR. **1616 KENDRICK DR.**
E **E**
KISSIMMEE, FL 34741 **KISSIMMEE, FL 34741**

2. Principal Place of Business 3. Mailing Address

2638 QUAIL RUN **2638 QUAIL RUN BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
BLVD

City & State City & State

Kissimmee, Florida **Kissimmee, Florida**

Zip Country Zip Country

34744 **OSCEOLA** **34744** **OSCEOLA**



01162006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

BONILLA, ANGEL
1616 KENDRICK DR.
E
KISSIMMEE, FL 34741

4. FEI Number Applied For

74-3105715 Not Applicable

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

7. Name and Address of New Registered Agent

Name **ANGEL BONILLA**

Street Address (P.O. Box Number is Not Acceptable)

2638 QUAIL RUN BLVD

City **KISSIMMEE** FL Zip Code **34744**

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 **X ANGEL BONILLA** DATE **01/16/06**

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. DEPARTMENTS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BONILLA, ANGEL 1616 KENDRICK DR. E KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2638 QUAIL RUN BLVD KISSIMMEE, FLORIDA 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BONILLA, BLAS 1616 KENDRICK DR. E KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2638 QUAIL RUN BLVD KISSIMMEE, FLORIDA 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, NELSON 1616 KENDRICK DR. E KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2638 QUAIL RUN BLVD KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **X ANGEL BONILLA** Date **01-16-06** Daytime Phone # **707-340-0351**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR