


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000106142
1. Entity Name
F.A.B. DRYWALL, INC.



Principal Place of Business
2638 QUAIL RUN BLVD.
KISSIMMEE, FL 34744

Mailing Address
2638 QUAIL RUN BLVD.
KISSIMMEE, FL 34744

DO NOT WRITE IN THIS SPACE



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number
74-3105715 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BONILLA, ANGEL
2638 QUAIL RUN BLVD.
E
KISSIMMEE, FL 34744

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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)

Signature, typed or printed name of registered agent and title if applicable. DATE _____

**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	PSD BONILLA, ANGEL 2638 QUAIL RUN BLVD. KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BONILLA, BLAS 2638 QUAIL RUN BLVD. KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOPEZ, NELSON 2638 QUAIL RUN BLVD. KISSIMMEE, FL 34744
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/16/07-80030-021 150.00

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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: ANGEL BONILLA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____