2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004
Secretary of State

DOCUMENT# P04000001406

Entity Name: MICHAEL SIMONS WALLCOVERING, INC.

Current Principal Place of Business:

17337 PHLOX ROAD
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

17337 PHLOX ROAD
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 20-0550455 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMONS, MICHAEL
17337 PHLOX ROAD
FORT MYERS, FL 33912

Name and Address of New Registered Agent:

SIMONS, MICHAEL P
17337 PHLOX ROAD
FORT MYERS, FL 33912

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: MICHAEL SIMONS 01/30/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Change (X) Addition
Name: SIMONS, MICHAEL A P
Address: 17337 PHLOX RD
City-St-Zip: FT MYERS, FL 33912

Title: V ( ) Change (X) Addition
Name: ARTHUR, JOSHUA M V
Address: 17337 PHLOX RD
City-St-Zip: FT MYERS, FL 33912

Title: S ( ) Change (X) Addition
Name: ARTHUR, LAURIE S
Address: 17337 PHLOX RD
City-St-Zip: FT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LAURIE ARTHUR S 01/30/2004
Electronic Signature of Signing Officer or Director Date