

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000003297

**Entity Name:** CREATIVE WALL PRODUCTS OF FLORIDA, INC.

**Current Principal Place of Business:**

605 N COUNTY HWY 393  
SUITE 10  
SANTA ROSA BEACH, FL 32459-5389

**Current Mailing Address:**

6975 FLAT ROCK RD  
MIDLAND, GA 31820 US

**FEI Number: 27-0509099**

**Certificate of Status Desired: No**

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

SMITHWICK, STEVEN S  
605 N COUNTY HWY 393  
SUITE 10  
SANTA ROSA BEACH, FL 32459-5389 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CP  
Name SMITHWICK, STEVE G  
Address PO BOX 397  
City-State-Zip: FORTSON GA 31808

Title VCT  
Name SMITHWICK, STEVEN S  
Address PO BOX 397  
City-State-Zip: FORTSON GA 31808

Title DS  
Name WALKER, MARK  
Address PO BOX 397  
City-State-Zip: FORTSON GA 31808

Title DVP  
Name IRVING, MIKE  
Address PO BOX 397  
City-State-Zip: FORSTON GA 31808

*I hereby 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 all other like empowered.*

**SIGNATURE: MARK WALKER**

**ASSIST CONTROLLER**

**02/06/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date