

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 544929

1. Entity Name
CASINO'S WALL COVERING, INC.



Principal Place of Business
**4010 UNIVERSITY BLVD. W.
UNIT 2
JACKSONVILLE, FL 32217**

Mailing Address
**4010 UNIVERSITY BLVD. W.
UNIT 2
JACKSONVILLE, FL 32217**

DO NOT WRITE IN THIS SPACE



02072007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1764812

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CASINO, DANIEL P
4010-2 UNIVERSITY BLVD W
JACKSONVILLE, FL 32217**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

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 PD
NAME CASINO, DANIEL P.
STREET ADDRESS 3441 COPPER CIR
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE VP
NAME CASINO, ROSA R
STREET ADDRESS 3441 COPPER CIR
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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03/13/07-80007-009 150.00

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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: Rosa Casino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-07

Date

904-737-3266

Daytime Phone #