

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 547911

1. Entity Name
GAGNE WALLCOVERING, INC.



Principal Place of Business
1771 NORTH HERCULES AVENUE
CLEARWATER, FL 33765

Mailing Address
1771 NORTH HERCULES AVENUE
CLEARWATER, FL 33765

FILED

2005 SEP 20 PM 12: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09162005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1767171

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GAGNE, RUDY L.
1771 NORTH HERCULES AVENUE
CLEARWATER, FL 33765

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 \$550.00
Due by October 1, 2005

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
VD
GAGNE, WILLIAM K.
1868 DEL ROBLES TERR.
CLEARWATER, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
GAGNE, LORRAINE G
867 HARBOR ISLAND
CLEARWATER, FL 00000,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GAGNE, RUDY L
867 HARBOR ISLAND
CLEARWATER, FL 00000,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GAGNE, JEFFREY J
1868 BARCELONA DR.
DUNEDIN, FL 34698

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100059774251
09/20/05--01020--017 **550.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/16/05 727 461 1812

9/20/05