

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90012 028 ***150.00

DOCUMENT # 813722

1. Entity Name
SEABROOK WALLCOVERINGS, INC.



Principal Place of Business
**1325 FARMVILLE ROAD
MEMPHIS, TN 38122-0597 US**

Mailing Address
**1325 FARMVILLE ROAD
MEMPHIS, TN 38122-0597 US**

24013773



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-0435922

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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, 2004 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
**PD
SEABROOK, JAMES H., JR.
1325 FARMVILLE ROAD
MEMPHIS, TN**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**~~VSD~~ VD
COOKSEY, L.G.
1325 FARMVILLE ROAD
MEMPHIS, TN**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**~~SC~~ SC
HAAG, LEON
1325 FARMVILLE ROAD
MEMPHIS, TN**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
SEABROOK, JAMES H III
1325 FARMVILLE ROAD
MEMPHIS, TN 38122**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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:

Leon Haag
LEON HAAG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/04

Date

901-320-3500

Daytime Phone #