2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 813722

1. Entity Name
SEABROOK WALLCOVERINGS, INC.

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

01212008 No Chg-P CR2E034 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	SEABROOK, JAMES H., JR.
STREET ADDRESS	1325 FARMVILLE ROAD
CITY-ST-ZIP	MEMPHIS, TN
TITLE	VD
NAME	COOKSEY, L.G.
STREET ADDRESS	1325 FARMVILLE ROAD
CITY-ST-ZIP	MEMPHIS, TN
TITLE	SC
NAME	HAAG, LEON
STREET ADDRESS	1325 FARMVILLE ROAD
CITY-ST-ZIP	MEMPHIS, TN
TITLE	TD
NAME	SEABROOK, JAMES H III
STREET ADDRESS	1325 FARMVILLE ROAD
CITY-ST-ZIP	MEMPHIS, TN 38122
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/29/08-80045-018 150.00

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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: LEON HAAG Leon Haag 1/21/08 901-320-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #