

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90215 048 ***150.00

DOCUMENT # G65907	
1. Entity Name ROSENBOOM WALLCOVERING, INC.	

Principal Place of Business 1914 24TH AVE W PALMETTO, FL 34221	Mailing Address 1914 24TH AVE W PALMETTO, FL 34221
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44044403



2. Principal Place of Business 5925 Spencer Parrish Rd Suite, Apt. #, etc.	3. Mailing Address 5925 Spencer Parrish Rd Suite, Apt. #, etc.
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04272004 Chg-P CR2E034 (10/03)

City & State Parrish, FL	City & State Parrish, FL
Zip 34219	Zip 34219
Country USA	Country USA

4. FEI Number 59-2358911	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROSENBOOM, RODNEY L. 1914 24TH AVENUE WEST PALMETTO, FL 34221

7. Name and Address of New Registered Agent Name: Rosenboom, Rodney L. Street Address (P.O. Box Number is Not Acceptable): 5925 Spencer Parrish Rd. City: Parrish FL Zip Code: 34219
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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: <i>Rodney L. Rosenboom</i> DATE: 4-27-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ROSENBOOM, RODNEY L 1914 24TH AVE W PALMETTO, FL 34221 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Rosenboom, Rodney L. 5925 Spencer Parrish Rd. Parrish, FL 34219 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Rodney L. Rosenboom</i> DATE: 4-27-04 DAYTIME PHONE #: 941-713-6430 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
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