


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # J73491 1. Entity Name WALLCOVERINGS & INTERIORS BY LAURA, INC.	
--	---

Principal Place of Business 901 W INDIANTOWN RD 22 JUPITER, FL 33458	Mailing Address 901 W INDIANTOWN RD 22 JUPITER, FL 33458 US
---	--



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2811027	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MORGAN, LAURA RUSSO 6368 GUNCLUB ROAD WEST PALM BEACH, FL 33458	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: <u>K. MORGAN</u> <u>VP</u> <u>Laura Russo</u> <u>2-23-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing)</small> <small>DATE</small>

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
---	---

10. OFFICERS AND DIRECTORS		<p>U00000067324 02/26/04-80052-015 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORGAN, LAURA RUSSO 6368 GUNCLUB ROAD W. PALM BCH., FL 33415	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT MORGAN, KEVIN JAMES 6368 GUN CLUB ROAD W. PALM BEACH, FL 33415	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>K. MORGAN</u> <u>VP</u> <u>2-23-04</u> <u>561-747-5527</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>