

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 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



01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2811027

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

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, 2006 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 MORGAN, LAURA RUSSO
STREET ADDRESS 6368 GUNCLUB ROAD
CITY-ST-ZIP W. PALM BCH., FL 33415

TITLE PVT
NAME MORGAN, KEVIN JAMES
STREET ADDRESS 6368 GUN CLUB ROAD
CITY-ST-ZIP W. PALM BEACH, FL 33415

TITLE
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U000000425695
02/20/06-80012-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Laura R. Morgan 2/1/06 561-747-5527