

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 OCT 15 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000004846



1. Entity Name
CALIFORNIA EAST WALLCOVERINGS & DESIGN
CENTER, INC.

Principal Place of Business
1875 S. PATRICK DR.
INDIAN HARBOR, FL 32937

Mailing Address
1875 S. PATRICK DR.
INDIAN HARBOR, FL 32937

2. Principal Place of Business
1875 S. Patrick Dr
Suite, Apt. #, etc.
A+B
City & State
Indian Harbour Bch, FL
Zip
32937
Country
Bravard

3. Mailing Address
" "
Suite, Apt. #, etc.
" "
City & State
" "
Zip
" "
Country
" "



4. FEI Number
59-3617961

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHEIN AND WENLE LLC
1300 W. EAU GALLIE BLVD.
MELBOURNE, FL 32935

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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: Shein-Wenle, LLC by [Signature] member
(NOTE: Registered Agent signature required when reinstating) DATE 10-9-06

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PARRISH, GARY	
STREET ADDRESS	3 HOLLY CIRCLE	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARRISH, JOELLEN	
STREET ADDRESS	3 HOLLY CIRCLE	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600080770076	
STREET ADDRESS	10/12/06--01050--002 **150.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600080778976	
STREET ADDRESS	10/15/07--01003--013 **750.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Gary Parrish 10-9-06 321-7735707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #