

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90249 046 \*\*\*150.00

**DOCUMENT # P01000002884**

1. Entity Name  
DISCOUNT WALLPAPER PLUS, INC.



Principal Place of Business  
PO BOX 450  
HOLDER, FL 34445-0450

Mailing Address  
PO BOX 450  
HOLDER, FL 34445-0450

94072533

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04142004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3697865

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SNOW, KENT S  
851 YELLOWWOOD TERRACE  
LECANTO, FL 34461

**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 Melissa A. Pearson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/16/04

DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SNOW, KENT S
STREET ADDRESS	851 YELLOWWOOD TERRACE
CITY-ST-ZIP	LECANTO, FL 34461
TITLE	Vice President
NAME	Georgia D. Snow
STREET ADDRESS	851 Yellowwood Terr.
CITY-ST-ZIP	LECANTO, FL 34461
TITLE	Secretary
NAME	Heather Gula
STREET ADDRESS	3333 E. Nancy Ct.
CITY-ST-ZIP	Hernando, FL 34442
TITLE	Treasure
NAME	Melissa Pearson
STREET ADDRESS	3264 E. Lariat Loop
CITY-ST-ZIP	Hernando, FL 34442
TITLE	Vice President
NAME	Kory Bennett
STREET ADDRESS	851 Yellowwood Terrace
CITY-ST-ZIP	LECANTO, FL 34461
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

Georgia D. Snow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-04 3524890033

Date

Daytime Phone #