


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Feb 04, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P01000091719 1. Entity Name DAN'S WALLPAPER HANGING & REMOVAL, INC. |  |
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| Principal Place of Business 670 103RD AVE N NAPLES, FL 34108 | Mailing Address 670 103RD AVE N NAPLES, FL 34108 |
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DO NOT WRITE IN THIS SPACE



01302004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3747536 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent RADICK, DANIEL J 670 103RD AVE N NAPLES, FL 34108 |
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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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 | U00000036236 02/06/04-80048-025 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RADICK, DANIEL J 670 103RD AVE N NAPLES, FL 34108 |
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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: *Daniel J. Radick* DANIEL J. RADICK 2-1-04 239-514-1475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #