

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90019 045 ***150.00

DOCUMENT # P03000000214

1. Entity Name

MURAL DESIGNS BY HASKETT, INC.



Principal Place of Business

12975 SANCTUARY COVE DR., #1526
 TEMPLE TERRACE FL 33637

Mailing Address

12975 SANCTUARY COVE DR., #1526
 TEMPLE TERRACE FL 33637

94025526



MOORE CR2E034 (11/03)

2. Principal Place of Business

9922 BROMPTON DR
 Suite, Apt. #, etc.

3. Mailing Address

9922 BROMPTON DR
 Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA, FL

4. FEI Number

22-3888926

Applied For

Not Applicable

Zip

33626

Country

USA

Zip

33626

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HASKETT, JORGE A
 12975 SANCTUARY COVE DR., #1526
 TEMPLE TERRACE FL 33637

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9922 BROMPTON DR

City

TAMPA

FL

Zip Code

33626

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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	HASKETT, JORGE A	
STREET ADDRESS	12975 SANCTUARY COVE DR., #1526	
CITY-ST-ZIP	TEMPLE TERRACE FL 33637	
TITLE	D	<input type="checkbox"/> Delete
NAME	HASKETT, MARZENA	
STREET ADDRESS	12975 SANCTUARY COVE DR., #1526	
CITY-ST-ZIP	TEMPLE TERRACE FL 33637	
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		
STREET ADDRESS	9922 BROMPTON DR	
CITY-ST-ZIP	TAMPA, FL 33626	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9922 BROMPTON DR	
CITY-ST-ZIP	TAMPA, FL 33626	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-01-04 (813) 240-7875
 Date Daytime Phone #