


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90029 016 \*\*\*150.00

**DOCUMENT # P03000000214**

1. Entity Name  
**MURAL DESIGNS BY HASKETT, INC.**



Principal Place of Business  
**9922 BROMPTON DR  
 TAMPA FL 33626**

Mailing Address  
**9922 BROMPTON DR  
 TAMPA FL 33626**

2. Principal Place of Business  
**9001 ENGLISH SILVER WAY**  
 Suite, Apt. #, etc.

3. Mailing Address  
**9001 ENGLISH SILVER WAY**  
 Suite, Apt. #, etc.



1st MOORE CR2E034 (10/04)

City & State  
**TAMPA, FL**

City & State  
**TAMPA, FL**

Zip  
**33626**

Country  
**Hillsborough**

Zip  
**33626**

Country  
**Hillsborough**

4. FEI Number **22-3888926**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HASKETT, JORGE A  
 9922 BROMPTON DR  
 TAMPA FL 33626**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)  
**9001 ENGLISH SILVER WAY**

City **TAMPA** State **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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HASKETT, JORGE A</b> <b>9922 BROMPTON DR</b> <b>TAMPA FL 33626</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HASKETT, MARZENA</b> <b>9922 BROMPTON DR</b> <b>TAMPA FL 33626</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>9001 ENGLISH SILVER WAY</b> <b>TAMPA FL 33626</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>9001 ENGLISH SILVER WAY</b> <b>TAMPA, FL 33626</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mari Zava Haskett* **4/4/05** **(813) 240-7875**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #