2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 03, 2004 8:00 am
Secretary of State
07-12-2004 90011 009 ***150.00
08-03-2004 90009 004 ***400.00

DOCUMENT # P02000116219

1. Entity Name
DANIEL'S WALLPAPERING INC.

Principal Place of Business	Mailing Address
3865 WINSTON ST DELAND FL 32720 US	3865 WINSTON ST DELAND FL 32720 US

2. Principal Place of Business

3. Mailing Address

City & State

Zip | Country

City & State

Zip | Country

4. FEI Number
30-0227570
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WRIGHT, DANIEL J
3865 WINSTON ST
DELAND FL 32720

7. Name and address of new registered agent

Name: 3865 WINSTON

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

DELAND

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

FILING FEE & STATUTORY FEE $400.00

9. Florida Commission Financing Trust Fund Contribution. ☐ Added to Fees

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition DP DANIEL WRIGHT 3865 WINSTON ST DELAND FL 32720
TLE ME EET ADDRESS TY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TLE ME EET ADDRESS TY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TLE ME EET ADDRESS TY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
LE ME EET ADDRESS Y-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
LE ME EET ADDRESS Y-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 7 JUL 04 386 740 9645

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #