## **2005 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # P03000125650



1. Entity Nam	10	NAL WALLCOVER						04-01-2005 9	90021 0	11 ***150	.00
Principal Place of Business Mailing Address 7350 S. TAMIAMI TRAIL #147 7350 S. TAMIAMI TRAIL				11 // 1 4 7			•		50	03307	n
SARASOTA, F			7350 S. TAMIAMI TRAI SARASOTA, FL 34231							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J
2. Principal P	Place of Busin	ness	3. Mailing Address		*						
2. Principal Place of Business										\$   U   Uliul   Blāli   A	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03222005	Chg-P	CR2E	E034 (10/03)	
City & State			City & State				4. FEI Numb				pplied For ot Applicable
Zip		Country	Zip	Count	гу		5. Certificat	e of Status Desired		\$8.75 Ad Fee Require	ditional
	6. Name	i e and Address of Current	Registered Agent	<u></u>			7. Name an	d Address of New	Registere		
		<del>-</del>			Name						
PREWETT, DANIEL L 5777 BENEVA ROAD SOUTH SARASOTA, FL 34233				Street Add	lress (F	P.O. Box Numi	per is Not Acceptab	le)			
0,110,001	71,1 2 04	200									
					City				F	L Zip Cod	de
	named entitions of regis		or the purpose of changing it	s registere	ed office or re	egister	ed agent, or b	oth, in the State of F	lorida. La	m familiar with	, and accept
SIGNATURE.			4.0								***************************************
	Signature, typed	d or printed name of registered agent	and title if applicable. (NO	TE: Registered	Agent signature	required	when reinstating)		DATE		
After M	E NOW!!! ay 1, 200	FEE IS \$150.00 5 Fee will be \$550.	9. Election Campa Trust Fund Con	aign Finan itribution	cing	\$5.	00 May Be	2.00 (2.00) (3.00)			
After M	E NOW!!! ay 1, 200	FEE IS \$150.00	9. Election Campa Trust Fund Cor	aign Finan itribution	cing	\$5.	00 May Be	S/CHANGES TO OF		ND DIRECTOR	
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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:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #