## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT

DOCUMENT # P03000138202

BILL JACOBUS WALLCOVERING, INC.



**FILED** Apr 12, 2004 8:00 am Secretary of State

04-12-2004 90333 014 \*\*\*150.00

			CO W. 18			
Principal Place	e of Business	Mailing Address				
Principal Place of Business		=	uc			
1826 LAKESHORE LANE		1826 LAKESHORE LANE TALLAHASSEE, FL 32312		14	001437	
TALLAHASSEE, FL 32312		FALLAHADDEL, FE DE				
				)		1 <b>8/48</b> ) // 1 <b>84</b> )
2. Principal Place of Business		3. Mailing Address				
* 1						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02002004 Cha D	DOE004 (40/00)	
,				02062004 Chg-P C	R2E034 (10/03)	l
City & State		City & State		4. FEI Number	A	pplied For
				1 20-0419816	1	lot Applicable
Zip	Country	Zip	Country	r G-Winds of State Desired   [	1 \$8.75 Ac	dditional
,				5. Certificate of Status Desired	Fee Requir	
w 16	6. Name and Address of Current	Registered Agent		7. Name and Address of New Regis	ered,Agent	
			Name	Name ·		
JACOBUS	, WILLIAM R			•		
1826 LAKESHORE LANE		Street Addres		s (P.O. Box Number is Not Acceptable)		
TALLAHAS	SSEE, FL 32312					
i.		•				
			City		FL Zip Co	de
The above named entity submits this statement for the purpose of changing its registers					· —	
	named entity submits this statement fi tions of registered agent.	or the purpose of changing it	s registered office or regist	tered agent, or both, in the State of Florida.	I am familiar with	n, and accept
the congar	nons of registered agent.	•				
SIGNATURE		· · · · · · · · · · · · · · · · · · ·			•	
	Signature, typed or printed name of registered agen	t and little it applicable. (NO	TE: Registered Agent signature requi	ired when reinstating)	DATE	
		,				
	E NOW!!! FEE IS \$150.00	9. Election Camp		5.00 May Be		·
After Ma	ay 1, 2004 Fee will be \$550	.00 Trust rund Cor	REPORTION. — A	dded to rees		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 11
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1,19.07(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.

STREET ADDRESS

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

WILLIAM R. JACOBUS SIGNATURE AND TYPED OR