


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90200 044 ***150.00

DOCUMENT # P03000143790			
1. Entity Name MELANIE'S WALLCOVERING INSTALLATION, INC.			
Principal Place of Business 22412 LAKE VIEW DRIVE PANAMA CITY BEACH FL 32413 US		Mailing Address 22412 LAKE VIEW DRIVE PANAMA CITY BEACH FL 32413 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HARMON, MELANIE L 22412 LAKE VIEW DRIVE PANAMA CITY BEACH FL 32413		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME HARMON, MELANIE L STREET ADDRESS 22412 LAKE VIEW DR. CITY- ST- ZIP PANAMA CITY FL 32419	<input type="checkbox"/> Delete	TITLE P NAME Melanie L. Harmon Faul STREET ADDRESS 22412 Lake View Drive CITY- ST- ZIP Panama City Beach, FL 32413	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained in Section 119, 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:

Melanie L Harmon Faul
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07
Date

850-814-1838C
850-233-7628H
Daytime Phone #