

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000150116

FILED  
Mar 04, 2004  
Secretary of State

Entity Name: JAMES STEVENS WALLCOVERING, INC.

**Current Principal Place of Business:**

1418 FUNDTON STREET  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

1418 FUNSTON STREET  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

1418 FUNDTON STREET  
HOLLYWOOD, FL 33020

**New Mailing Address:**

1418 FUNSTON STREET  
HOLLYWOOD, FL 33020

FEI Number: 90-0128935

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEVENS, JAMES P  
1418 FUNDTON STREET  
HOLLYWOOD, FL 33020

**Name and Address of New Registered Agent:**

STEVENS, JAMES P  
1418 FUNSTON STREET  
HOLLYWOOD, FL 33020

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.

SIGNATURE: JAMES P. STEVENS

03/04/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPV ( ) Delete  
Name: STEVENS, JAMES P  
Address: 1418 FUNDTON STREET  
City-St-Zip: HOLLYWOOD, FL 33020

Title: ST ( ) Delete  
Name: STEVENS, JAMES P  
Address: 1418 FUNDTON STREET  
City-St-Zip: HOLLYWOOD, FL 33020

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPV (X) Change ( ) Addition  
Name: STEVENS, JAMES P  
Address: 1418 FUNSTON STREET  
City-St-Zip: HOLLYWOOD, FL 33020

Title: ST (X) Change ( ) Addition  
Name: STEVENS, JAMES P  
Address: 1418 FUNSTON STREET  
City-St-Zip: HOLLYWOOD, FL 33020

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES P. STEVENS

DPV

03/04/2004

Electronic Signature of Signing Officer or Director

Date