2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-16-2004 90078 008 ***150.00

DOCUMENT # P03000154461

1. Entity Name
DAVID B. OWENS WALL COVERING, INC.

Principal Place of Business	Mailing Address
1507 WINDERMERE WAY TAMPA, FL 33619	1507 WINDERMERE WAY TAMPA, FL 33619

66416975

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02042004 Chg-P CR2E034 (10/03)

4. FEI Number: 20-0527448 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LYONS, ROBERT 2901 W. BUSCH BLVD., SUITE #1005 TAMPA, FL 33618	Name: David B. Owens Street Address (P.O. Box Number is Not Acceptable): 1507 Windermere Way City: TAMPA FL Zip Code: 33619

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: David B. Owens
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE: P NAME: DAVID B. OWENS STREET ADDRESS: 1507 Windemere Way CITY ST ZIP: TAMPA FL 33619	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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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: David B. Owens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FROM Attachment (WED) APR 21 2004 9:59/ST. 9:52/NO. 6160411902 P 1
Apr-21-2004 09:33am From-COLLEGE PKWY OFF. +2392756558 T-078 P.001/001 F-681

6641/6975
#P0300015244 61

Bordeaux POA
12734 Kenwood Lane, Suite 49
Fort Myers, FL 33907

2031

01/23/04 | $ 61.25

Sixty-one And 25/100 Dollars

Pay to the Order of DEPT OF STATE

050107556

Memo:

[redacted]

[redacted]

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021720040501075 56
0630-0010-9107556 02-17-04
ENT=3760 TRC=3760 PK=19

C 6940148351 9461

E 7040794386 9461 IS 021304

FEB 19 2004

CASHED ON 2/14/04