2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000154461

DAVID B. OWENS WALL COVERING, INC.



Principal Place of Business

1507 WINDERMERE WAY TAMPA, FL 33619

Mailing Address

1507 WINDERMERE WAY TAMPA, FL 33619

FILED Sep 02, 2005 8:00 am Secretary of State

09-02-2005 90015 018 ***150.00

50064733

CR2E034 (10/03) No Chg-P 07252005

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0527448

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Daytime Phone #

6. Name and Address of Current Registered Agent

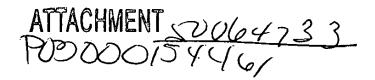
OWENS, DAVID B 1507 WINDMERE WAY TAMPA, FL 33619

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the ions of registered agent.	purpose of changing its	s registered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and til	le if applicable. (NOT	E: Registered Agent signature	required when reinstating)	DATE	
FILE NOWIII FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Finan Trust Fund Contribution.			· · ·	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR P OWENS, DAVID B 1507 WINDMERE WAY	ECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAMPA, FL 33619			DO NOT WRITE IN THIS SPACE		
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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-effect like empowered.						

ED NAME OF BIGNING OFFICER OR DIRECTOR



DAVID B. OWENS WALL COVERING, INC

1507 Windermere Way Tampa, Fl 33619

Dear Sir / Madam:

We did not receive our annual report form. We contacted your office and was advised to send the report by mail we this letter.

Sincerely

David B. Owens

President/