

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000014211

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: BIG APPLE WALLCOVERING, INC.

## Current Principal Place of Business:

280 WEKIVA SPRINGS RD STE 201  
LONGWOOD, FL 32779

## New Principal Place of Business:

## Current Mailing Address:

280 WEKIVA SPRINGS RD STE 201  
LONGWOOD, FL 32779

## New Mailing Address:

FEI Number: 14-1902322      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEFF, JOHN  
175 CROWN POINT CIR  
LONGWOOD, FL 32779      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: JABLON, NEAL  
Address: 280 WEKIVA SPRINGS RD STE 201  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: BYRON, BILL  
Address: 408 SUMMIT RIDGE PL  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: KIMBALL, PEGGY  
Address: 280 WEKIVA SPRINGS RD STE 201  
City-St-Zip: LONGWOOD, FL 32779

Title: S ( ) Delete  
Name: KIMBALL, PEGGY  
Address: 280 WEKIVA SPRINGS ROAD  
City-St-Zip: LONGWOOD, FL 32779

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: KIMBALL, PEGGY  
Address: 280 WEKIVA SPRINGS ROAD  
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: NEAL JABLON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DIR

04/24/2006

\_\_\_\_\_  
Date