2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 29, 2006 08:00 AM DOCUMENT # P04000025142 **Secretary of State** t. Entity Name JOHN CAUSEY WALLPAPER & PAINTING, INC. Principal Place of Business Mailing Address 3224 CLARK DRIVE SARASOTA FL 34234 3224 CLARK DRIVE SARASOTA FL 34234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 37-1483857 Not Applicat Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAUSEY, OMER Street Address (P.O. Box Number is Not Acceptable) 2070 RINGLING BLVD. SARASOTA FL 34237 City 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. Lam tamiliar with, and acce the obligations of registered agent. SIGNATURE Signature, typed or printed harde of registered agent and utto if applicable (NOTE: Registered Agent argnature required when tensialing) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May : 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Ford Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete T)5LE ☐ Change ☐ Add NAME CAUSEY, JOHN MAME U00000484064 STREET ADDRESS 3224 CLARK DRIVE STREET ADDRESS 84/12/66-80024-015 150.00 CITY-ST-ZIP SARASOTA FL 34234 CHTY-\$3-ZIP BILL ☐ Defete TITLE Aric Aric MARK NAMi STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 41115 Delete. 1301 □A#: ☐ Change MAME MAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CUTY-ST-ZIP TITLE ☐ Defete TIRE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C(1Y-S) - Z(2 TITLE Delete TITLE ☐ Change □ A4 NAME NAME STREET ADDRESS STREET ADDRESS City-st-zip CITY-ST-ZIP TITLE ☐ Delete MILE ☐ Change Hi Bio NAME NAME STREET ADDRESS STREET ADDRESS CDY-St-7P CITY-ST-ZIP

12. Thereby 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 informational midicated 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 directly 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ASORE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

3-26-06

FILED

997-353-92 Ocylinic Prime a