

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2007 8:00 am**  
**Secretary of State**

02-06-2007 90011 030 \*\*\*150.00

60013433



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number  
35-2225607

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

MEAD, JAMES  
1510 G & H DR  
KISSIMMEE, FL 34744

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRES  
MEAD, JAMES  
1510 G & H DR  
KISSIMMEE, FL 34744

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: James B Mead  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-07 407 846-6994  
Date Daytime Phone #

ATTACHMENT

DO NOT STAPLE

60013495  
#P04000034848

a Control number <b>33333</b>		For Official Use Only ▶ OMB No. 1545-0008	
b Kind of Payer 941 <input checked="" type="checkbox"/> Military <input type="checkbox"/> 943 <input type="checkbox"/> Hshld. emp. <input type="checkbox"/> 944 <input type="checkbox"/> Medicare govt. emp. <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> CT-1 <input type="checkbox"/>	1 Wages, tips, other compensation 26587.68		2 Federal income tax withheld 3553.62
	3 Social security wages 26587.68		4 Social security tax withheld 1648.50
c Total number of Forms W-2 1	d Establishment number	5 Medicare wages and tips 26587.68	6 Medicare tax withheld 385.56
e Employer identification number (EIN) 35-2225607		7 Social security tips	8 Allocated tips
f Employer's name JIM MEAD WALLCOVERING, INC. 1510 G AND H DR KISSIMMEE, FL 34744-6221		9 Advance EIC payments	10 Dependent care benefits
		11 Nonqualified plans	12 Deferred compensation
g Employer's address and ZIP code		13 For third-party sick pay use only	
h Other EIN used this year		14 Income tax withheld by payer of third-party sick pay	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
		18 Local wages, tips, etc.	19 Local income tax
Contact person JIM MEAD		Telephone number (407) 301-2283	For Official Use Only
Email address		Fax number ( )	

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ▶

Title ▶

Date ▶

Form **W-3 Transmittal of Wage and Tax Statements** **2006**Department of the Treasury  
Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration.  
Photocopies are not acceptable.

Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

**What's New**

**New checkbox for box b on Form W-3.** Use the "944" checkbox in box b if you file Form 944, Employer's Annual Federal Tax Return. Form 944 for 2006 is a newly developed form.

**Magnetic media filing is discontinued.** The Social Security Administration (SSA) will no longer accept any magnetic media reporting of Forms W-2.

**Reminder**

**Separate instructions.** See the 2006 Instructions for Forms W-2 and W-3 for information on completing this form.

**Purpose of Form**

Use Form W-3 to transmit Copy A of Form(s) W-2, Wage and Tax Statement. Make a copy of Form W-3 and keep it with Copy D (For Employer) of Form(s) W-2 for your records. Use Form W-3 for the correct year. **File Form W-3 even if only one Form W-2 is being filed.** If you are filing Form(s) W-2 electronically, **do not** file Form W-3.

For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D of Form W-2.

Cat. No. 10159Y

**When To File**

File Form W-3 with Copy A of Form(s) W-2 by February 28, 2007.

**Where To File**

Send this entire page with the entire Copy A page of Form(s) W-2 to:

**Social Security Administration  
Data Operations Center  
Wilkes-Barre, PA 18769-0001**

**Note.** If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Publication 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

ATTACHMENT

60013495  
#P04000034040

a Control number		22222		Void <input type="checkbox"/>		For Official Use Only ▶ OMB No. 1545-0008	
b Employer identification number (EIN) 35-2225607				1 Wages, tips, other compensation 26587.68		2 Federal income tax withheld 3553.62	
c Employer's name, address, and ZIP code JIM MEAD WALLCOVERING, INC. 1510 G AND H DR KISSIMMEE, FL 34744-6221				3 Social security wages 26587.68		4 Social security tax withheld 1648.50	
				5 Medicare wages and tips 26587.68		6 Medicare tax withheld 385.56	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 388-46-5265				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial JIM		Last name MEAD		Suff.		11 Nonqualified plans	
1510 G AND H DR KISSIMMEE FL 34744-6221				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a See instructions for box 12	
				14 Other		12b	
						12c	
						12d	
f Employee's address and ZIP code							
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax  
Statement

2006

Department of the Treasury—Internal Revenue Service

For Privacy Act and Paperwork Reduction  
Act Notice, see back of Copy D.Copy A For Social Security Administration — Send this entire page with  
Form W-3 to the Social Security Administration; photocopies are not acceptable.

Cat. No. 10134D

Do Not Cut, Fold, or Staple Forms on This Page — Do Not Cut, Fold, or Staple Forms on This Page

a Control number		22222		Void <input type="checkbox"/>		For Official Use Only ▶ OMB No. 1545-0008	
b Employer identification number (EIN)				1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld	
				5 Medicare wages and tips		6 Medicare tax withheld	
				7 Social security tips		8 Allocated tips	
d Employee's social security number				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a See instructions for box 12	
				14 Other		12b	
						12c	
						12d	
f Employee's address and ZIP code							
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax  
Statement

2006

Department of the Treasury—Internal Revenue Service

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