

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000051482

1. Entity Name  
GOTCHA COVERED WALL COVERINGS, INC.



Principal Place of Business  
ROBERT K VALENTINE  
1269 SW ASTURIA  
PORT ST LUCIE, FL 34953

Mailing Address

ROBERT K VALENTINE  
1269 SW ASTURIA  
PORT ST LUCIE, FL 34953

2. Principal Place of Business

Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01052005 Chg-P CR2E034 (10/03)

Zip

Zip

Country

4. FEI Number  
20-0920756

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

VALENTINE, ROBERT K  
1269 SW ASGURIA  
PORT ST LUCIE, FL 34953

Name  
Valentine, Robert K

Street Address (P.O. Box Number is Not Acceptable)

1269 S.W. ASTURIA AVE

City  
Port. St. Lucie

FL Zip Code  
34953

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

3/4/05

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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 D  
NAME VALENTINE, ROBERT K  
STREET ADDRESS 1269 SW ASTURIA  
CITY-ST-ZIP PORT ST LUCIE, FL 34953

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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CITY-ST-ZIP

Change  Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/05 772336848

**FILED  
Apr 25, 2005 8:00 am  
Secretary of State**

04-25-2005 90273 033 \*\*\*150.00

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