

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000070641

Entity Name: ACTION WALLCOVERING, INC.

FILED  
Aug 01, 2005  
Secretary of State

## Current Principal Place of Business:

13799 PARK BLVD N  
#117  
SEMINOLE, FL 33776 US

## Current Mailing Address:

13799 PARK BLVD N  
#117  
SEMINOLE, FL 33776 US

FEI Number: 20-1071321

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TOWNSEND, WILLIAM E  
13799 PARK BLVD N  
#117  
SEMINOLE, FL 33776 US

## New Principal Place of Business:

200 SECOND STREET S.  
#317  
ST. PETERSBURG, FL 33701 US

## New Mailing Address:

200 2ND STREET SOUTH  
#317  
ST. PETERSBURG, FL 33701 US

## Name and Address of New Registered Agent:

TOWNSEND, WILLIAM E  
200 2ND STREET S.  
#317  
ST. PETERSBURG, FL 33701 US

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:

08/01/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TOWNSEND, WILLIAM E  
Address: 13799 PARK BLVD N #117  
City-St-Zip: SEMINOLE, FL 33776 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: TOWNSEND, WILLIAM E  
Address: 200 2ND STREET S. #317  
City-St-Zip: ST. PETERSBURG, FL 33701 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM E. TOWNSEND

P

08/01/2005

Electronic Signature of Signing Officer or Director

Date