

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90073 042 ***150.00

DOCUMENT # P04000143608

1. Entity Name

L D W FAUX AND MURAL, INC.



Principal Place of Business

P O BOX 942
MT. DORA FL 32756

Mailing Address

P O BOX 942
MT. DORA FL 32756

00010109



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1803872

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WASGATT, LESLIE DENIKE
133 S. GRAVE ST.
APT. 8
EUSTIS FL 32726

Name

WASGATT, LESLIE DENIKE

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

133 S. GROVE ST Apt. B

City

EUSTIS

FL

Zip Code

32726

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

Leslie D. Wasgatt Leslie D. Wasgatt President

2/17/05

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 ☐ Delete
NAME WASGATT, LESLIE DENIKE
STREET ADDRESS 133 S. GRAVE ST., APT. 8
CITY-ST-ZIP EUSTIS FL 32726

TITLE **PVTS** ☒ Change ☐ Addition
NAME WASGATT, LESLIE DENIKE
STREET ADDRESS 133 S. GROVE ST. APT B
CITY-ST-ZIP EUSTIS FL 32726

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Leslie D. Wasgatt Leslie D. Wasgatt

2/17/05

352-551-0345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #