

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT -**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000145515

1. Entity Name

JOHN COOPER WALLCOVERING, INC.



Principal Place of Business

7164-2 LYLE TERRACE
FT. MYERS, FL 33907

Mailing Address

7164-2 LYLE TERRACE
FT. MYERS, FL 33907



04262006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

14-1927959

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COOPER, JOHN K JR.
7164-2 LYLE TERRACE
FT. MYERS, FL 33907

**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 re-registering)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000557061
05/17/06-80030-010 150.00

10.

OFFICERS AND DIRECTORS

TITLE

D

NAME

COOPER, JOHN K JR.

STREET ADDRESS

7164-2 LYLE TERRACE

CITY-ST-ZIP

FT. MYERS, FL 33907

TITLE

D

NAME

COOPER, JAMES K

STREET ADDRESS

1705 SE 1ST TERRACE

CITY-ST-ZIP

CAPE CORAL, FL 33990

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-06