

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000022983

1. Entity Name
AWARD PAINTING & WALLCOVERING, INC.



FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90033 004 ***150.00

Principal Place of Business
7173 COLUMBIA CIRCLE
FORT MYERS, FL 33908

Mailing Address
7173 COLUMBIA CIRCLE
FORT MYERS, FL 33908

40043000



DO NOT WRITE IN THIS SPACE

03022008 No Chg-P CR2E034 (11/05)

4. FEI Number
38-2067564

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEWART, NEIL
7173 COLUMBIA CIRCLE
FORT MYERS, FL 33908

**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, 2008 Fee will be \$850.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME STEWART, NEIL
STREET ADDRESS 7173 COLUMBIA CIRCLE
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Neil Stewart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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IN THIS SPACE**