


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000118574	
1. Entity Name JEAN AND GILBERT WALLPAPERING INC.	

Principal Place of Business 16703 KAMALIN COURT CLERMONT FL 32715 16703	Mailing Address 16703 KAMALIN COURT CLERMONT FL 32715
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2. Principal Place of Business - No P.O. Box # 16703 KAMALIN CT	3. Mailing Address 16703 KAMALIN CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CLERMONT FL	City & State CLERMONT FL
Zip 34715	Zip 34715
Country LAKE	Country LAKE

	
4. FEI Number 33-1129077	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent D'HAESELEER, GILBERT L 16703 KAMALIN COURT CLERMONT FL 32715	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete	NAME D'HAESELEER, GILBERT L STREET ADDRESS 16703 KAMALIN COURT CITY-ST-ZIP CLERMONT FL 32715	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS U000000622050 02/13/07-80010-013 150.00 CITY-ST-ZIP
TITLE VP <input type="checkbox"/> Delete	NAME D'HAESELEER, JEAN P STREET ADDRESS 16703 KAMALIN COURT CITY-ST-ZIP CLERMONT FL 32715	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
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TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	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 Section 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:  **Feb 1/07** **352 942 1297**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #