

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000059438

FILED
Feb 05, 2007
Secretary of State

Entity Name: WILD COUNTRY HOME FURNISHINGS & DECOR INC

Current Principal Place of Business:

1802 SE 11TH PLACE
CAPE CORAL, FL 33990

New Principal Place of Business:

1331 CAPE CORAL PARKWAY EAST
CAPE CORAL, FL 33904

Current Mailing Address:

1802 SE 11TH PLACE
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 20-4763356 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETROS, KAREN
1802 SE 11TH PLACE
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: PETROS, KAREN
Address: 1802 SE 11TH PLACE
City-St-Zip: CAPE CORAL, FL 33990

Title: DIR () Delete
Name: WILLIAMS, DONNA
Address: 1238 SW 4TH AVENUE
City-St-Zip: CAPE CORAL, FL 33991

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: KAREN PETROS

DIR

02/05/2007

Electronic Signature of Signing Officer or Director

Date