

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000015732

**FILED**  
**Jan 30, 2012**  
**Secretary of State**

**Entity Name:** PREMIUM WALLCOVERING INC.

**Current Principal Place of Business:**

6318 PARK STREET  
JACKSONVILLE, FL 32205 US

**New Principal Place of Business:**

**Current Mailing Address:**

6318 PARK STREET  
JACKSONVILLE, FL 32205 US

**New Mailing Address:**

**FEI Number:** 90-0659253

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VALENZUELA, RAMON A  
6318 PARK STREET  
JACKSONVILLE, FL 32205 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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CAMPBELL, HOLLY L  
**Address:** 6318 PARK STREET  
**City-St-Zip:** JACKSONVILLE, FL 32205 US

**Title:** VP  
**Name:** VALENZUELA, RAMON A  
**Address:** 6318 PARK STREET  
**City-St-Zip:** JACKSONVILLE, FL 32205 US

**Title:** S  
**Name:** SANCHEZ, COREY  
**Address:** 1324 JEFFERSON AVE - APT. A  
**City-St-Zip:** ORANGE PARK, FL 32065

I hereby 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 all other like empowered.

**SIGNATURE:** HOLLY L CAMPBELL

PRES

01/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date