

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000036361		
1. Entity Name HIDDEN HILLS WALLCOVERING & DESIGN, INC.		
Principal Place of Business 2485-15 MONUMENT RD STE 15 JACKSONVILLE, FL 32225 US	Mailing Address 2485-15 MONUMENT RD STE 15 JACKSONVILLE, FL 32225 US	 04302004 No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE		
DO NOT WRITE IN THIS SPACE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		DO NOT WRITE IN THIS SPACE
6. Name and Address of Current Registered Agent LEWIS, S H III 2485-15 MONUMENT RD. STE 15 JACKSONVILLE, FL 32225		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees U00000154955 05/05/04-80017-023 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LEWIS, S H 1791 BROKENBOW DR. W. JACKSONVILLE, FL 32225	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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		4/30/04 Date 904-5659255 Daytime Phone #