

ANNUAL REPORT (AR)

FILED
Jan 31, 2008 08:00 AM
Secretary of State

| | | | |
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| DOCUMENT # P94000018442 | | | |
| 1. Entity Name CUSTOM WALLPAPER INSTALLATION, INC. | | | |
| Principal Place of Business 7664 90TH WAY NORTH SEMINOLE FL 33777 | | Mailing Address 7664 90TH WAY NORTH SEMINOLE FL 33777 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | | |
| DIMARCO, CHARLES 7664 90TH WAY NORTH SEMINOLE FL 33777 | | | Name |
| | | | Street Address |
| | | | City |
| | | | State |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | |
| <div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div> NOTE: Registered Agent Signature Required </div> </div> | | | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D <input type="checkbox"/> Delete DIMARCO, CHARLES 7664 90TH WAY NORTH LARGO FL 34647 | | TITLE NAME STREET ADDRESS CITY- ST- ZIP |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP |
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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | | TITLE 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. **OWNER/PRES.**

SIGNATURE: Charles DiMarco **CHARLES DiMARCO** 1-28-08 727-391-4279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Duplicating Fee