

2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90084 048 ***158.75

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1. Entity Name

FOAM WONDER WALL, INC.



Principal Place of Business

114 S OREGON AVE
TAMPA FL 33606

Mailing Address

114 S OREGON AVE
TAMPA FL 33606

2. Principal Place of Business

8322 Archwood Circle

Suite, Apt. #, etc.

3. Mailing Address

8322 Archwood Circle

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Tampa, FL

Zip

33615

Country

USA

City & State

Tampa, FL

Zip

33615

Country

USA

4. FEI Number

59-3402115

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARKS, BRUCE M
8322 ARCHWOOD CIRCLE
TAMPA FL 33615

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	MCKINNON, KAREN S	
STREET ADDRESS	623 BOSPHOROUS	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	PRES	<input type="checkbox"/> Delete
NAME	MCKINNON, EDNA	
STREET ADDRESS	190 BLANCA	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PANKS, BRUCE M	
STREET ADDRESS	8322 ARCHWOOD CIRCLE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDNA MCKINNON	
STREET ADDRESS	8305 LOPEZ	
CITY-ST-ZIP	Tampa, FL 33615	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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: Bruce M Panks - Bruce M. PANKS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-04

Date

813-258-5500

Daytime Phone #