

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000095614

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** PROFESSIONAL WALLCOVERING, INC.

**Current Principal Place of Business:**

6605 NAUTICAL ISLE  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

6605 NAUTICAL ISLE  
HUDSON, FL 34667

**New Mailing Address:**

**FEI Number:** 59-3477921

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEIL, EUGENE L ESQ  
12312 U.S. HIGHWAY 19  
HUDSON, FL 34667 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:** PD  
**Name:** PRACHAR, JAMES  
**Address:** 6605 NAUTICAL ISLE  
**City-St-Zip:** HUDSON, FL 34667

**Title:** VPD  
**Name:** PRACHAR, AVA  
**Address:** 6605 NAUTICAL ISLE  
**City-St-Zip:** HUDSON, FL 34667

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:** AVA PRACHAR

VP

04/27/2010

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

\_\_\_\_\_  
Date