

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90019 040 ***150.00

DOCUMENT # P98000006367

1. Entity Name

WALLCOVERING BY LOUIS INC.



Principal Place of Business

2320 MICHIGAN AVE
PANAMA CITY FL 32405
US

Mailing Address

2320 MICHIGAN AVE
PANAMA CITY FL 32405
US

2. Principal Place of Business

HOME OFFICE

3. Mailing Address

2320 MICHIGAN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

2320 MICHIGAN AVE

City & State

PANAMA CITY FL

Zip

32405

Country

FL

Zip

32405

Country

FL

4. FEI Number

59-3503040

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLON, A LOUIS
2320 MICHIGAN AVE
PANAMA CITY FL 32405-1719

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
COLON, A. LOUIS
2320 MICHIGAN AVE
PANAMA CITY FL 32405-1719

☐ Delete

TITLE
NAME
STREET ADDRESS
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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)(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: ANGEL LOUIS COLON OWNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-3

850-832-2391

Date

Daytime Phone #