

DOCUMENT # S18352

1. Entity Name  
S & J WALLCOVERING, INC.



**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
4144 ANACONDA DR  
NEW PORT RICHEY FL 34655

Mailing Address  
4144 ANACONDA DR  
NEW PORT RICHEY FL 34655



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

1st MODRE CR2E034 (10/07)

City & State

City & State

4. FEI Number  
59-3031006

Applied For  
Not Applicable

Zip Country

Zip Country

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

CYZYNIK, STEVEN  
4144 ANACONDA DR  
NEW PORT RICHEY FL 34655

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 filer) (Application)

(NOTE: Registered Agent's signature required when submitting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PST NAME CYZYNIK, STEVE STREET ADDRESS 4144 ANACONDA DR CITY- ST- ZIP NEW PORT RICHEY FL 34655		NAME CITY- ST- ZIP	
VD NAME CYZYNIK, TRACI STREET ADDRESS 4144 ANACONDA DR CITY- ST- ZIP NEW PORT RICHEY FL		NAME CITY- ST- ZIP	
		NAME CITY- ST- ZIP	
		NAME CITY- ST- ZIP	
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		NAME CITY- ST- ZIP	

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04/22/08-80029-001 150.00

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steven Czyznik Steven Czyznik 4/7/08 727-372-2205  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Month, Year