

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90113 004 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                                                                     |                                                                                                  |                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 161947</b><br>1. Entity Name<br><b>KEY WALLCOVERINGS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                                                                     |                                                                                                  |  |  |
| Principal Place of Business<br><b>HAMILTON BOULEVARD<br/>POST OFFICE BOX 717<br/>THEODORE, AL 36590-0717</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                                                                     | Mailing Address<br><b>HAMILTON BOULEVARD<br/>POST OFFICE BOX 717<br/>THEODORE, AL 36590-0717</b> |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | 3. Mailing Address                                                                                                  |                                                                                                  |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | Suite, Apt. #, etc.                                                                                                 |                                                                                                  |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     | City & State                                                                                                        |                                                                                                  |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                             | Zip                                                                                                                 | Country                                                                                          | 4. FEI Number<br><b>59-0632452</b>                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                     |                                                                                                  | <b>\$8.75</b> Additional Fee Required                                             |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                                                                     | 7. Name and Address of New Registered Agent                                                      |                                                                                   |  |
| <b>MIKE LESTER<br/>249 PACK STREET<br/>JACKSONVILLE, FL 32204</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                                                                                                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                                                                     |                                                                                                  |                                                                                   |  |
| <b>FILE NOW!!! FEE IS <sup>150.00</sup> <del>\$550.00</del></b><br><b>Due by September 7, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                                                                                  |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                            |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D <input type="checkbox"/> Delete   | TITLE                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>GATES, JAMES V</b>               | NAME                                                                                                                |                                                                                                  |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4775 HAMILTON BLVD.</b>          | STREET ADDRESS                                                                                                      |                                                                                                  |                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>THEODORE, AL</b>                 | CITY - ST - ZIP                                                                                                     |                                                                                                  |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | V <input type="checkbox"/> Delete   | TITLE                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>WILSON, JOHN R</b>               | NAME                                                                                                                |                                                                                                  |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4775 HAMILTON BLVD.</b>          | STREET ADDRESS                                                                                                      |                                                                                                  |                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>THEODORE, AL</b>                 | CITY - ST - ZIP                                                                                                     |                                                                                                  |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PDT <input type="checkbox"/> Delete | TITLE                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>WILLIAMS, R A</b>                | NAME                                                                                                                |                                                                                                  |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4775 HAMILTON BLVD.</b>          | STREET ADDRESS                                                                                                      |                                                                                                  |                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>THEODORE, AL</b>                 | CITY - ST - ZIP                                                                                                     |                                                                                                  |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete     | TITLE                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     | NAME                                                                                                                |                                                                                                  |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | STREET ADDRESS                                                                                                      |                                                                                                  |                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     | CITY - ST - ZIP                                                                                                     |                                                                                                  |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete     | TITLE                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     | NAME                                                                                                                |                                                                                                  |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | STREET ADDRESS                                                                                                      |                                                                                                  |                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     | CITY - ST - ZIP                                                                                                     |                                                                                                  |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete     | TITLE                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |                                                                                   |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     | NAME                                                                                                                |                                                                                                  |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | STREET ADDRESS                                                                                                      |                                                                                                  |                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     | 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: <i>John R Wilson Jr. V.P.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | 6/29/05 251-443-6110<br><small>Date Daytime Phone #</small>                                                         |                                                                                                  |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                     |                                                                                                  |                                                                                   |  |

**50054497**



06292005 Chg-P CR2E034 (10/03)

June 29, 2005



Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

RE: Document # 161947  
Key Wallcoverings, Inc.

Dear Sirs:

To date we have not received the 2005 For Profit Corporation Annual Report. This letter is our written request, per your telephone recording, to waive the penalty of \$400.00 since we have not received the appropriate form.

We are submitting our check \$150.00 along with the attached form that was downloaded from the website.

If you have any questions, please contact me at (251) 443-6110.

Sincerely,

*Ron Morrison*

Ron Morrison  
Internal Auditor

RM:lh

Attns: Check  
2005 For Profit Corporation Annual Report , Document #161947