

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90166 013 ***150.00

DOCUMENT # 161947 1. Entity Name KEY WALLCOVERINGS, INC.					
Principal Place of Business HAMILTON BOULEVARD POST OFFICE BOX 717 THEODORE, AL 36590-0717			Mailing Address HAMILTON BOULEVARD POST OFFICE BOX 717 THEODORE, AL 36590-0717		
2. Principal Place of Business - No P.O. Box # 4775 HAMILTON BLVD		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04112007 Chg-P CR2E034 (12/06)	
City & State THEODORE, AL		City & State		4. FEI Number 59-0632452	
Zip 36582		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIKE LESTER 249 PARK STREET JACKSONVILLE, FL 32204				7. Name and Address of New Registered Agent Name RICK BAGGETT Street Address (P.O. Box Number is Not Acceptable) 249 PARK STREET City JACKSONVILLE FL Zip Code 32204	
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 X Rick Baggett manager DATE 4.23-07 Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			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	D GATES, JAMES V 4775 HAMILTON BLVD. THEODORE, AL	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WILSON, JOHN R 4775 HAMILTON BLVD. THEODORE, AL	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT WILLIAMS, R A 4775 HAMILTON BLVD. THEODORE, AL	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>John R. Wilson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date				Daytime Phone #	