

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S86755

FILED  
Jan 11, 2010  
Secretary of State

**Entity Name:** SUNSTATE DRAPERY SERVICES, INCORPORATED

**Current Principal Place of Business:**

3830 S NOVA RD  
SUITE C-4  
PORT ORANGE, FL 32127 US

**New Principal Place of Business:**

**Current Mailing Address:**

3830 S NOVA ROAD  
SUITE C-4  
PORT ORANGE, FL 32127 US

**New Mailing Address:**

**FEI Number:** 59-3088781

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LABIAK, ROBERT P.  
412 PHILLIPS CREEK LN  
NEW SMYRNA BEACH, FL 32168 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:** P  
**Name:** LABIAK, ROBERT P.  
**Address:** 412 PHILLIPS CREEK LANE  
**City-St-Zip:** NEW SMYRNA BEACH, FL 32168

**Title:** V  
**Name:** LABIAK, ELIZABETH M.  
**Address:** 2126 S. RIVERSIDE DR.  
**City-St-Zip:** EDGEWATER, FL 32141

**Title:** S  
**Name:** LABIAK, PAMELA E.  
**Address:** 233 E. 89TH ST., APT 2C  
**City-St-Zip:** NEW YORK, NY 10128

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:** ROBERT LABIAK

PRES

01/11/2010

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

\_\_\_\_\_  
Date