2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # S86755

1. Entity Name
SUNSTATE DRAPERY SERVICES, INCORPORATED

Principal Place of Business	Mailing Address
3830 S NOVA RD SUITE C-4 PORT ORANGE, FL 32127 US	3830 S NOVA ROAD SUITE C-4 PORT ORANGE, FL 32127 US

01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3088781
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LABIAK, ROBERT P.
412 PHILLIPS CREEK LN
NEW SMYRNA BEACH, FL 32168

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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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LABIAK, ROBERT P.
STREET ADDRESS	1327 WAYNE AVE.
CITY-ST-ZIP	NEW SMYRIVA BEACH, FL 32168
TITLE	V
NAME	LABIAK, ELIZABETH M.
STREET ADDRESS	2126 S. RIVERSIDE DR.
CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	S
NAME	LABIAK, PAMELA E.
STREET ADDRESS	233 E. 89TH ST., APT 2C
CITY-ST-ZIP	NEW YORK, NY 10128
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/17/08-80066-024 150.00

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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: _____ PRESIDENT 1/24/08 3867619499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #