

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 654611

FILED
Apr 28, 2009
Secretary of State

Entity Name: SUNCOAST WINDOW TREATMENTS, INC.

Current Principal Place of Business:

14105 MCCORMICK DR.
TAMPA, FL 336263019

New Principal Place of Business:

Current Mailing Address:

14105 MCCORMICK DR.
TAMPA, FL 336263019

New Mailing Address:

FEI Number: 59-1967839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONFORTI, MICHEAL J.
14105 MCCORMICK DRIVE
TAMPA, FL 33626 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: T () Delete
Name: CONFORTI, MICHAEL J
Address: 224 MIDWAY ISLAND
City-St-Zip: CLEARWATER, FL 33767

Title: S () Delete
Name: CONFORTI, ROSE ANN
Address: 224 MIDWAY ISLAND
City-St-Zip: CLEARWATER, FL 33767

Title: P () Delete
Name: CONFORTI, MICHAEL
Address: 3026 WENTWORTH WAY
City-St-Zip: TARPON SPRINGS, FL 34688

Title: V () Delete
Name: CONFORTI, SCOTT
Address: 266 RUE DES LACS
City-St-Zip: TARPON SPRINGS, FL 34688

Title: V () Delete
Name: CONFORTI, STEVEN
Address: 2943 WENTWORTH WAY
City-St-Zip: TARPON SPRINGS, FL 34688

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: CONFORTI, STEVEN
Address: 3050 MAPLE TRACE
City-St-Zip: TARPON SPRINGS, FL 34688

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROSE ANN CONFORTI

SEC

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date