
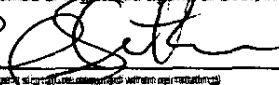



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90005 042 ***150.00

DOCUMENT # F03000003033			
1. Entity Name FINESSE SHUTTERS & BLINDS, INC.			
Principal Place of Business 10515 PEPPERGRASS CT. NEW PORT RICHEY, FL 34655		Mailing Address 10515 PEPPERGRASS CT. NEW PORT RICHEY, FL 34655	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #., etc.		Suite, Apt. #., etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BANKOSZ, STEPHAN 1631 COMMERCE AVE. N SAINT PETERSBURG, FL 33716		7. Name and Address of New Registered Agent Name John G. CROWTHER Street Address (P.O. Box Number is Not Acceptable) 10515 Peppergrass Ct City New Port Richey FL Zip Code 34655	
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 John G. Crowther, VP  09/08/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
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	BRAND, RONALD E	NAME	
STREET ADDRESS	11 LAS TUNAS CIR.	STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH, GA 31419	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEGL, DEBORAH JEAN	NAME	
STREET ADDRESS	13622 ROCKINGHAM ROAD	STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH, GA 31419	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWTHER, DOMINIQUE W	NAME	
STREET ADDRESS	10515 PEPPERGRASS CT.	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWTHER, JOHN GARY	NAME	
STREET ADDRESS	10515 PEPPERGRASS CT.	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	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)(g), 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: 		09/08/04 (912) 921-1915	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

DEBORAH M. Kepl, Pres