

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2006 08:00 AM
Secretary of State

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**



07052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2670144

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CROWTHER, JOHN G
10515 PEPPERGRASS CT
NEW PORT RICHEY, FL 34655**

**DO NOT WRITE
IN THIS SPACE**

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

John Crowther

07/11/06 000000569093 158.75

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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

TITLE	D
NAME	BRAND, RONALD E
STREET ADDRESS	11 LAS TUNAS CIR.
CITY-ST-ZIP	SAVANNAH, GA 31419
TITLE	P
NAME	KEGL, DEBORAH JEAN
STREET ADDRESS	13622 ROCKINGHAM ROAD
CITY-ST-ZIP	SAVANNAH, GA 31419
TITLE	T
NAME	CROWTHER, DOMINIQUE W
STREET ADDRESS	10515 PEPPERGRASS CT.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	VP
NAME	CROWTHER, JOHN GARY
STREET ADDRESS	10515 PEPPERGRASS CT.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 files empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Crowther

Date

7-5-06

Daytime Phone #

727-376-3087