


**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      Mailing Address  
**10515 PEPPERGRASS CT.**      **10515 PEPPERGRASS CT.**  
**NEW PORT RICHEY, FL 34655**      **NEW PORT RICHEY, FL 34655**

**DO NOT WRITE IN THIS SPACE**



07052006    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>58-2670144</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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:  **John Crowther**      07/11/06      7-5-06      158.75

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

SIGNATURE:  **John Crowther**      7-5-06      727-376-3087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #