

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18726

FILED
Jul 08, 2005
Secretary of State

Entity Name: VINCENT RADCLIFFE CUSTOM DRAPERIES, INC.

Current Principal Place of Business:

116 N. ORION AVE.
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

116 N. ORION AVE.
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 59-2060608 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RADCLIFFE, SHERRY C
116 N. ORION AVE.
CLEARWATER, FL 33765 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RADCLIFFE, SHERRY C,
Address: 116 N ORION ST
City-St-Zip: CLEARWATER, FL

Title: VP () Delete
Name: RADCLIFFE, TROY
Address: 1814 B SUNSET PT RD
City-St-Zip: CLEARWATER, FL 33765

Title: ST () Delete
Name: BOISSE, DAVID
Address: 116 N ORION AVE.
City-St-Zip: CLEARWATER, FL 33765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RADCLIFFE, SHERRY C,
Address: 100 N ORION AVE.
City-St-Zip: CLEARWATER, FL 33765

Title: VP (X) Change () Addition
Name: RADCLIFFE, TROY
Address: 117 MAPLEWOOD AVE.
City-St-Zip: CLEARWATER, FL 33765

Title: ST (X) Change () Addition
Name: BOISSE, DAVID
Address: 117 MAPLEWOOD AVE.
City-St-Zip: CLEARWATER, FL 33765

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHERRY C. RADCLIFFE

P

07/08/2005

Electronic Signature of Signing Officer or Director

_____ Date