

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G33663

FILED
Mar 07, 2007
Secretary of State

Entity Name: SOUTHERN BLINDS OF JUPITER, INC.

Current Principal Place of Business:

SOUTHERN BLIND OF JUPITER INC
NO 1
TEQUESTA, FL 33469

New Principal Place of Business:

SOUTHERN BLIDS OF JUPITER, INC.
NO 1
TEQUESTA, FL 33469

Current Mailing Address:

354 CYPRESS DRIVE
#1
TEQUESTA, FL 33469

New Mailing Address:

FEI Number: 59-2366491 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHINN, EUGENE A. JR.
354 CYPRESS DRIVE
#1
TEQUESTA, FL 33469 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: VP () Delete
Name: MCLEROY, DEBORAH A
Address: 740 S W TANGLEWOOD TRAIL
City-St-Zip: STUART, FL 34997

Title: P () Delete
Name: SHINN, JR EUGENE A
Address: 4649 E QUAIL TRAIL
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBORAH MCLEROY

VP

03/07/2007

Electronic Signature of Signing Officer or Director

_____ Date