

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90058 035 ***150.00

DOCUMENT # L02610 1. Entity Name DRAPES & SHUTTERS, INC.					
Principal Place of Business 5225 S. TAMiami TR SARASOTA, FL 34231 US			Mailing Address 5252 BOUCHARD CIRCLE SARASOTA, FL 34238 US		
2. Principal Place of Business - No P.O. Box # 7488 S. TAMiami TR		3. Mailing Address Suite, Apt. #, etc.			
City & State SARASOTA FL		City & State Suite, Apt. #, etc.		4. FEI Number 65-0143111	
Zip 34231		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOROSK, JOHN C 5252 BOUCHARD CIRCLE SARASOTA, FL 34238				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTV DOROSK, JOHN C 5252 BOUCHARD CIRCLE SARASOTA, FL 34238 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS DOROSK, SHEILA K 5252 BOUCHARD CIRCLE SARASOTA, FL 34238 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 like empowered.					
SIGNATURE: <i>John C. Dorosk</i> John C. Dorosk			Date: 1-4-08 Daytime Phone #: 941-923-6587		