



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90072 041 ***150.00

DOCUMENT # M29019 1. Entity Name GULF COAST AMERICAN BLIND CORPORATION					
Principal Place of Business 3705 WESTVIEW DR. NAPLES, FL 34104			Mailing Address 3705 WESTVIEW DR. NAPLES, FL 34104		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2654464	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DIAZ, CARLOS A. 655 HENLEY DR NAPLES, FL 34104				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD DIAZ, CARLOS A. 655 HENLEY DRIVE NAPLES, FL 34104	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y SCHAEFER, TIM 8535 IBIS COVE CIR NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIAZ, MARIA D. 655 HENLEY DRIVE NAPLES, FL 34104	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y TUCKER, PAULA 3820 13TH AVE NAPLES, FL 34117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIAZ, EDELMIRA 80 BRAMPTON LANE NAPLES, FL 34104	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D DIAZ, EDELMIRA 80 BRAMPTON LN NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIAZ, FERMIN 80 BRAMPTON LANE NAPLES, FL 34104	<input checked="" 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	VP RODRIGUEZ, ANGEL 5682 LAGO VILLAGIO WAY NAPLES, FL 34104	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y RODRIGUEZ, ANGEL 5682 LAGO VILLAGGIO WAY NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOFFMAN, TODD 240 BACKWATER CT NAPLES, FL 34119	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y HOFFMAN, TODD 240 BACKWATER CT NAPLES, FL 34119
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 			2-15-05 239 643-9850		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

20013760



02152005 Chg-P CR2E034 (10/03)