

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M29019

FILED
Jan 14, 2008
Secretary of State

Entity Name: GULF COAST AMERICAN BLIND CORPORATION

Current Principal Place of Business:

3705 WESTVIEW DR.
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

3705 WESTVIEW DR.
NAPLES, FL 34104

New Mailing Address:

FEI Number: 59-2654464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, CARLOS A.
655 HENLEY DR
NAPLES, FL 34104 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: PD () Delete
Name: DIAZ, CARLOS A.,
Address: 655 HENLEY DRIVE
City-St-Zip: NAPLES, FL 34104

Title: VD () Delete
Name: DIAZ, MARIA D.,
Address: 655 HENLEY DRIVE
City-St-Zip: NAPLES, FL 34104

Title: STD () Delete
Name: DIAZ, EDELMIRA,
Address: 80 BRAMPTON LANE
City-St-Zip: NAPLES, FL 34104

Title: V () Delete
Name: SCHAEFER, TIM
Address: 8535 IBIS COVE CIR
City-St-Zip: NAPLES, FL 34119

Title: V () Delete
Name: RODRIGUEZ, ANGEL
Address: 5682 LAGO VILLAGIO W AY
City-St-Zip: NAPLES, FL 34104

Title: V () Delete
Name: TUCKER, PAULA
Address: 3820 13TH AVENUE SW
City-St-Zip: NAPLES, FL 34117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: TIM SCHAEFER

VP

01/14/2008

Electronic Signature of Signing Officer or Director

Date