

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M29019

FILED  
Mar 20, 2009  
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: EDELMIRA DIAZ

ST

03/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date