

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90287 022 \*\*\*150.00

**DOCUMENT # P00000073500**

1. Entity Name

**VERTICAL BLINDS & ACCESSORIES, INC.**



Principal Place of Business

1470 US HWY 41 NORTH  
INVERNESS FL 34450

Mailing Address

1470 US HWY 41 NORTH  
INVERNESS FL 34450

**Vertical Blinds and Accessories**

**1007 E. Norvell Bryant Hwy (486)  
Hernando, FL 34442**

**Vertical Blinds and Accessories**

**1007 E. Norvell Bryant Hwy (486)  
Hernando, FL 34442**



MOORE

CR2E034 (11/03)/

		City & State		4. FEI Number <b>59-3662766</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>HEDDEN, LIZ</b> <b>1470 US HWY 41 NORTH</b> <b>INVERNESS FL 34450</b>				<b>7. Name and Address of New Registered Agent</b>  <b>Vertical Blinds and Accessories</b> <b>1007 E. Norvell Bryant Hwy (486)</b> <b>Hernando, FL 34442</b>			
<b>8. The above named entity submits this statement for the purpose of changing its registered agent.</b>  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				am familiar with, and accept			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. DIRECTORS IN 11</b>			
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEDDEN, LIZ		NAME				
STREET ADDRESS	1470 US HWY 41 NORTH		STREET ADDRESS				
CITY- ST- ZIP	INVERNESS FL 34450		CITY- ST- ZIP				
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEDDEN, VERIL		NAME				
STREET ADDRESS	1470 US HWY 41 NORTH		STREET ADDRESS				
CITY- ST- ZIP	INVERNESS FL 34450		CITY- ST- ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY- ST- ZIP			CITY- ST- ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY- ST- ZIP			CITY- ST- ZIP				
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CITY- ST- ZIP			CITY- ST- ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY- ST- ZIP			CITY- ST- ZIP				

**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:** Liz Hedden 4/20/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/20/04 Daytime Phone #