

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 # P0000073500		
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

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



MOORE CR2E034 (11/03)'

City & State		4. FEI Number 59-3662766	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HEDDEN, LIZ 1470 US HWY 41 NORTH INVERNESS FL 34450		7. Name and Address of New Registered Agent Name Vertical Blinds and Accessories 1007 E. Norvell Bryant Hwy (486) Hernando, FL 34442	
8. The above named entity submits this statement for the purpose of changing its registered agent.		am familiar with, and accept	
SIGNATURE _____		DATE _____	

FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00
 Make Check Payable to Florida Department of State

New Address

9. Election Campaign Financing
 Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HEDDEN, LIZ 1470 US HWY 41 NORTH INVERNESS FL 34450	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vertical Blinds and Accessories 1007 E. Norvell Bryant Hwy (486) Hernando, FL 34442	<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 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 Daytime Phone #