

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P01000012889**

1. Entity Name

QUALITY WINDOW TINTING & BLINDS, INC.



Principal Place of Business

941 HANCOCK AVENUE  
SARASOTA, FL 34232

Mailing Address

941 HANCOCK AVENUE  
SARASOTA, FL 34232

**FILED**  
**Jul 22, 2008 08:00 AM**  
**Secretary of State**



07092008 No Chg-P CR2E034 (11/05)

4. FEI Number

65-1136743

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME BLACK, STEPHEN K  
STREET ADDRESS 941 HANCOCK AVENUE  
CITY-ST-ZIP SARASOTA, FL 34232

TITLE TS  
NAME BLACK, PAMELA R  
STREET ADDRESS 941 HANCOCK AVENUE  
CITY-ST-ZIP SARASOTA, FL 34232

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

U00000955821  
07/22/08-80008-008 550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 10/08

Date

Daytime Phone #

941-371-6837