


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2008 08:00 A
Secretary of State

| | |
|--|---|
| DOCUMENT # P01000087831 1. Entity Name SHADES ETC., INC. |  |
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|---|---|
| Principal Place of Business 16111 MAGNOLIA AVE. SUMMERFIELD, FL 34491 | Mailing Address 16111 MAGNOLIA AVE. SUMMERFIELD, FL 34491 |
|---|---|

DO NOT WRITE IN THIS SPACE



01282008 No Chg-P CR2E034 (11/05)

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|--|--|
| 4. FEI Number 65-1138321 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**FUGATE, DEBORAH L
16111 S MAGNOLIA AVE
SUMMERFIELD, FL 34491**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|--|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000886576 04/18/08-80063-015 150.00 |
|---|--|---|

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V GUELDE, ROBERT F 16111 MAGNOLIA AVE. SUMMERFIELD, FL 34491 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PST FUGATE, DEBORAH L 16111 MAGNOLIA AVE. SUMMERFIELD, FL 34491 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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:  (Psr) **4/7/08 (352) 307-9320**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #