

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # P02000131691

1. Entity Name
GULF COAST BLINDS & SHUTTERS, INC.



Principal Place of Business
**11125 PARK BLVD., SUITE 104-300
SEMINOLE, FL 33772**

Mailing Address
**11125 PARK BLVD., SUITE 104-300
SEMINOLE, FL 33772**



04102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3042981

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPEAR, JO CLAIRE
9410 INTERNATIONAL CT. NORTH
ST. PETERSBURG, FL 33716-4801**

**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 \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ELLISON, RAYMOND L JR.
STREET ADDRESS 11125 PARK BLVD., SUITE 104-300
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE V
NAME ELLISON, BRENDA
STREET ADDRESS 11125 PARK BLVD., SUITE 104-300
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE S
NAME ELLISON, SARAH C
STREET ADDRESS 11125 PARK BLVD., SUITE 104-300
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE T
NAME ELLISON, LUKE J
STREET ADDRESS 11125 PARK BLVD., SUITE 104-300
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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04/25/07-80071-022 150.00

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: Raymond L Ellison Jr **RAYMOND ELLISON JR** 4-10-07 727 397 9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #