


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90011 050 \*\*\*150.00

<b>DOCUMENT # P02000131691</b> 1. Entity Name <b>GULF COAST BLINDS &amp; SHUTTERS, INC.</b>					
Principal Place of Business <b>11125 PARK BLVD., SUITE 104-300 SEMINOLE, FL 33772</b>			Mailing Address <b>11125 PARK BLVD., SUITE 104-300 SEMINOLE, FL 33772</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country			
4. FEI Number <b>74-3042981</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Name <b>RAYMOND L ELLISON, JR</b>			Street Address (P.O. Box Number is Not Acceptable) <b>11125 PARK BLVD., SUITE 104-300</b>		
City <b>SEMINOLE</b>			State <b>FL</b>		
Zip Code <b>33772</b>			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 <u><i>Ray L</i></u> <b>RAYMOND L. ELLISON PRESIDENT</b>			DATE <b>2-12-08</b>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			<b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLISON, RAYMOND L JR. 11125 PARK BLVD., SUITE 104-300 SEMINOLE, FL 33772	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELLISON, BRENDA 11125 PARK BLVD., SUITE 104-300 SEMINOLE, FL 33772	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELLISON, SARAH C 11125 PARK BLVD., SUITE 104-300 SEMINOLE, FL 33772	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELLISON, LUKE J 11125 PARK BLVD., SUITE 104-300 SEMINOLE, FL 33772	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u><i>Ray L</i></u> <b>RAYMOND L. ELLISON</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE <b>2-12-08</b>		
Daytime Phone # <b>727-3979700</b>			Daytime Phone #		