

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90010 050 ***150.00

DOCUMENT # P03000029937

1. Entity Name
ALL KINDS OF BLINDS & SHUTTERS, INC.



Principal Place of Business
**5633 BAXTER LAKE DRIVE
JACKSONVILLE, FL 32258 US**

Mailing Address
**5633 BAXTER LAKE DRIVE
JACKSONVILLE, FL 32258 US**

110010004



01072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
5633 Baxter Lake Dr.
Suite, Apt. #, etc.

3. Mailing Address
5633 Baxter Lake Dr.
Suite, Apt. #, etc.

City & State
Jacksonville, Florida
Zip
32258
Country
United States

City & State
Jacksonville, Florida
Zip
32258
Country
United States

4. FEI Number
02 0680849
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GONZALEZ, CASSANDRA
5633 BAXTER LAKE DRIVE
JACKSONVILLE, FL 32258**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GONZALEZ, CASSANDRA	
STREET ADDRESS	5633 BAXTER LAKE DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32258	
TITLE	V	<input type="checkbox"/> Delete
NAME	GONZALEZ, SCOTT	
STREET ADDRESS	5633 BAXTER LAKE DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32258	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 **Cassandra Gonzalez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-03 **904-651-1400**
Date Daytime Phone