


2004 FOR PROFIT CORPORATION ANNUAL REPORT

Admitted
 04 FEB -2 PM 3:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P03000074033

1. Entity Name
CASUAL BLINDS, INC




Principal Place of Business
**9648 SEAFARERS WAY
 NAVARRE, FL 32566**

Mailing Address
**9648 SEAFARERS WAY
 NAVARRE, FL 32566**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01272004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**KING, GRISEL
 9648 SEAFARERS WAY
 NAVARRE, FL 32566**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KING, GRISEL 9648 SEAFARERS WAY NAVARRE, FL 32566	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Kevin King 9648 Seafarers Way NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KING, GRISEL 9648 SEAFARERS WAY NAVARRE, FL 32566	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400028320754 02/06/04--01024--003 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KING, GRISEL 9648 SEAFARERS WAY NAVARRE, FL 32566	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: *GRISEL KING* **GRISEL KING** 1/26/04 **(850) 939-3596**
Signature and typed or printed name of signing officer or director Date Daytime Phone #