


# 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	<b>P</b> <b>KING, GRISEL</b> <b>9648 SEAFARERS WAY</b> <b>NAVARRE, FL 32566</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Kevin King</b> <b>9648 Seafarers Way</b> <b>NAVARRE, FL 32566</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KING, GRISEL</b> <b>9648 SEAFARERS WAY</b> <b>NAVARRE, FL 32566</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400028320754</b> <b>02/06/04--01024--003 **70.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KING, GRISEL</b> <b>9648 SEAFARERS WAY</b> <b>NAVARRE, FL 32566</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *GRISSEL KING* 1/26/04 (850) 939-3596  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #