

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

KING, GRISEL  
9648 SEAFARERS WAY  
NAVARRE, FL 32566

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 restate)

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 NAME ☐ Delete

P  
KING, GRISEL  
9648 SEAFARERS WAY  
NAVARRE, FL 32566

TITLE NAME ☐ Delete

S  
KING, GRISEL  
9648 SEAFARERS WAY  
NAVARRE, FL 32566

TITLE NAME ☐ Delete

T  
KING, GRISEL  
9648 SEAFARERS WAY  
NAVARRE, FL 32566

TITLE NAME ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☒ Addition

*Vice President*  
*Kevin King*  
*9648 Seafarers Way*  
*NAVARRE, FL 32566*

TITLE NAME ☐ Change ☐ Addition

400028320754  
02/06/04--01024--003 \*\*70.00

TITLE NAME ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Grisel King*

*1/26/04 (850) 939-3556*

Date

Daytime Phone #

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

