


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P03000074033  
 1. Entity Name  
**CASUAL BLINDS, INC**



**FILED**  
**Jun 11, 2008 08:00 AM**  
**Secretary of State**

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



06082008    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>30-0188356</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**KING, GRISEL**  
**9648 SEAFARERS WAY**  
**NAVARRE, FL 32566**

**DO NOT WRITE IN THIS SPACE**

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**  
**Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
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>S</b> <b>KING, GRISEL</b> <b>9648 SEAFARERS WAY</b> <b>NAVARRE, FL 32566</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	<b>V</b> <b>KING, KEVIN</b> <b>9648 SEAFARERS WAY</b> <b>NAVARRE, FL 32566</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 06/11/08-80004-009 158.75

**DO NOT WRITE IN THIS SPACE**

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: *Paul King* *President*      6/11/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #