


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000074033 1. Entity Name CASUAL BLINDS, INC	
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FILED
Jun 11, 2008 08:00 AM
Secretary of State

Principal Place of Business 9648 SEAFARERS WAY NAVARRE, FL 32566	Mailing Address 9648 SEAFARERS WAY NAVARRE, FL 32566
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06082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0188356	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 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	P
NAME	KING, GRISEL
STREET ADDRESS	9648 SEAFARERS WAY
CITY - ST - ZIP	NAVARRE, FL 32566
TITLE	S
NAME	KING, GRISEL
STREET ADDRESS	9648 SEAFARERS WAY
CITY - ST - ZIP	NAVARRE, FL 32566
TITLE	T
NAME	KING, GRISEL
STREET ADDRESS	9648 SEAFARERS WAY
CITY - ST - ZIP	NAVARRE, FL 32566
TITLE	V
NAME	KING, KEVIN
STREET ADDRESS	9648 SEAFARERS WAY
CITY - ST - ZIP	NAVARRE, FL 32566
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE

UD0000953004
06/11/08-80004-009 158.75

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 #