

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000074033

Entity Name: CASUAL BLINDS,INC

FILED  
Apr 12, 2012  
Secretary of State

**Current Principal Place of Business:**

9648 SEAFARERS WAY  
NAVARRE, FL 32566

**New Principal Place of Business:**

**Current Mailing Address:**

9648 SEAFARERS WAY  
NAVARRE, FL 32566

**New Mailing Address:**

FEI Number: 30-0188356

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KING, GRISEL  
9648 SEAFARERS WAY  
NAVARRE, FL 32566 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KING, GRISEL  
Address: 9648 SEAFARERS WAY  
City-St-Zip: NAVARRE, FL 32566

Title: S  
Name: KING, GRISEL  
Address: 9648 SEAFARERS WAY  
City-St-Zip: NAVARRE, FL 32566

Title: T  
Name: KING, GRISEL  
Address: 9648 SEAFARERS WAY  
City-St-Zip: NAVARRE, FL 32566

Title: V  
Name: KING, KEVIN  
Address: 9648 SEAFARERS WAY  
City-St-Zip: NAVARRE, FL 32566

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GRISEL KING

P

04/12/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date