

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000088074

FILED
Mar 14, 2004
Secretary of State

Entity Name: REGENCY DRAPERY & BLINDS, INC.

Current Principal Place of Business:

1918 DEL PRADO BOULEVARD
CAPE CORAL, FL 33904

New Principal Place of Business:

1918 DEL PRADO BOULEVARD
SUITE #1
CAPE CORAL, FL 33990

Current Mailing Address:

2236 HAVANA AVENUE
FORT MYERS, FL 33905

New Mailing Address:

FEI Number: 20-0149404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMUDER, ROBERT A
2236 HAVANA AVENUE
FORT MYERS, FL 33905 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMUDER, ROBERT A
Address: 2236 HAVANA AVENUE
City-St-Zip: FORT MYERS, FL 33905

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD () Change (X) Addition
Name: SMUDER, JOYCE A
Address: 2236 HAVANA AVENUE
City-St-Zip: FORT MYERS, FL 33905

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOYCE A. SMUDER

VPD

03/14/2004

Electronic Signature of Signing Officer or Director

_____ Date