


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90414 040 ***150.00

DOCUMENT # P03000088074 1. Entity Name REGENCY DRAPERY & BLINDS, INC.																								
Principal Place of Business 1918 DEL PRADO BOULEVARD SUITE #1 CAPE CORAL, FL 33990		Mailing Address 2236 HAVANA AVENUE FORT MYERS, FL 33905																						
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 1918 DEL PRADO BLVD. So. Suites 1+2 CAPE CORAL, FL 33990 City & State Zip																						
Country USA		4. FEI Number 20-0149404 Applied For <input type="checkbox"/> Not Applicable																						
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																						
6. Name and Address of Current Registered Agent SMUDER, ROBERT A 2236 HAVANA AVENUE FORT MYERS, FL 33905		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1918 DEL PRADO BLVD. SO. SUITES 1+2 CAPE CORAL, FL 33990																						
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 <u>Robert A Smuder</u> PRESIDENT 4-13-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																								
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																						
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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: <u>Robert A Smuder</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-13-06 239-574-6700 <small>Date Daytime Phone #</small>																						

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