

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P03000102351

1. Entity Name  
SPRING CREST DRAPERIES & BLINDS, INC.



Principal Place of Business

9925 SE 58TH AVE.  
BELLEVUE, FL 34420

Mailing Address

9925 SE 58 AVE.  
BELLEVUE, FL 34420



02052008

No Chg-P

CR2E034 (11/05)

4. FEI Number

20-0503773

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

ROBSON, SCRIBNER & STEWART, PA  
307 NE 36TH AVE.  
SUITE #1  
OCALA, FL 34470

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME DUKE, C. PATRICK  
STREET ADDRESS 9925 SE 58TH AVE.  
CITY-ST- ZIP BELLEVUE, FL 34420

TITLE S,T  
NAME DUKE, LEA S  
STREET ADDRESS 9925 SE 58TH AVE.  
CITY-ST- ZIP BELLEVUE, FL 34420

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

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CITY-ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

U00000855743  
03/27/08-80064-001 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Lea S. Duke* Lea S. Duke 3-10-08 352-245-5220