


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 09, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P03000118025</b>		
1. Entity Name <b>HASTINGS BLINDS, INC</b>		
Principal Place of Business <b>5210 HAYWOOD RUFFIN RD ST CLOUD, FL 34771</b>		Mailing Address <b>5210 HAYWOOD RUFFIN RD ST CLOUD, FL 34771</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>HASTINGS, TODD 5210 HAYWOOD RUFFIN RD ST CLOUD, FL 34771</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		02/20/06-80044-017 150.00
TITLE	D	
NAME	HASTINGS, TODD	
STREET ADDRESS	5210 HAYWOOD RUFFIN RD	
CITY-ST-ZIP	ST CLOUD, FL 34771	
TITLE	D	
NAME	HASTINGS, SHARON	
STREET ADDRESS	5210 HAYWOOD RUFFIN RD	
CITY-ST-ZIP	ST CLOUD, FL 34771	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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>Todd Hastings</u>		2-5-06 407-957-5065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>41-2119225</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>