

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000118025

1. Entity Name
HASTINGS BLINDS, INC



Principal Place of Business
**5210 HAYWOOD RUFFIN RD
ST CLOUD, FL 34771**

Mailing Address
**5210 HAYWOOD RUFFIN RD
ST CLOUD, FL 34771**



02252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number
41-2119225

Applied For
Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HASTINGS, TODD
5210 HAYWOOD RUFFIN RD
ST CLOUD, FL 34771**

**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 of the registered agent or the person authorized to change the registered agent.

Signature of the registered agent or the person authorized to change the registered agent.

Signature

**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
NAME
STREET ADDRESS
CITY, ST, ZIP
**D
HASTINGS, TODD
5210 HAYWOOD RUFFIN RD
ST CLOUD, FL 34771**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**D
HASTINGS, SHARON
5210 HAYWOOD RUFFIN RD
ST CLOUD, FL 34771**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
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CITY, ST, ZIP

TITLE
NAME
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CITY, ST, ZIP

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03/28/08-80015-009 150.00

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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 a power of attorney.

SIGNATURE: Todd E Hastings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-08