

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000139745

FILED  
Mar 15, 2009  
Secretary of State

**Entity Name:** CHRIS BARGANIER WINDOW COVERING INSTALLATION & REPAIRS, INC.

**Current Principal Place of Business:**

7065 WINDING LK CIRCLE  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

7065 WINDING LAKE CIRCLE  
OVIEDO, FL 32765 US

**Current Mailing Address:**

POST OFFICE BOX 1656  
GOLDENROD, FL 32733 US

**New Mailing Address:**

**FEI Number:** 41-2116432      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: P ( ) Delete  
Name: BARGANIER, CHRIS  
Address: 7065 WINDING LK CIRCLE  
City-St-Zip: OVIEDO, FL 32765 US

Title: P ( ) Delete  
Name: BARGANIER, CHRIS  
Address: 7065 WINDING LK CIRCLE  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BARGANIER, CHRIS R  
Address: 7065 WINDING LAKE CIRCLE  
City-St-Zip: OVIEDO, FL 32765 US

Title: P (X) Change ( ) Addition  
Name: BARGANIER, CHRIS R  
Address: 7065 WINDING LAKE CIRCLE  
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHRIS R. BARGANIER

P

03/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date