

2007 FOR PROFIT CORPORATION ANNUAL REPORT


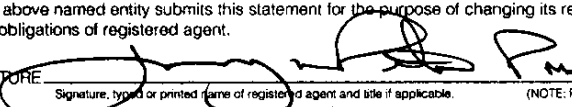
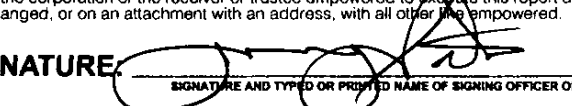
FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90029 043 ***150.00

60027808



02022007 Chg-P CR2E034 (12/06)

DOCUMENT # P04000050746			
1. Entity Name CAPE VERTICALS, BLINDS & SHUTTERS, INC.			
Principal Place of Business 521 SE 11TH COURT CAPE CORAL, FL 33904		Mailing Address 521 SE 11TH COURT CAPE CORAL, FL 33904	
2. Principal Place of Business - No P.O. Box # 1131 NW 20th PL		3. Mailing Address 1131 NW 20th PL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CAPE CORAL, FL.		City & State CAPE CORAL, FL	
Zip 33993	Country USA	Zip 33993	Country USA
4. FEI Number 86-1101336		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		7. Name and Address of New Registered Agent	
PETERS, JIMMY L 521 SE 11TH COURT CAPE CORAL, FL 33904		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 		DATE 3-20-07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETERS, JIMMY L 521 SE 11TH COURT CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jimmy L. PETERS PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1131 NW 20th PL CAPE CORAL, FL. 33904 33993
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETERS, JASON C 1902 SW 28TH STREET CAPE CORAL, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP JASON C PETERS 1816 SW EMBERS LA CAPE CORAL, FL. 33991 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LA MAGNA, KELLY M 524 SE 27TH STREET CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR KELLY M LAMAGNA 808 EL DORADO PKWY. N CAPE CORAL, FL. 33993 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 lines empowered.			
SIGNATURE 		3-20-07 239-541-4115	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	