

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000053221**

1. Entity Name  
**SHUTTERS, BLINDS & MORE, INC.**



Principal Place of Business ..... Mailing Address

**17828 SIMMS ROAD**                      **17828 SIMMS ROAD**  
**ODESSA, FL 33556**                      **ODESSA, FL 33556**

**DO NOT WRITE IN THIS SPACE**



03032008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>20-0949853</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

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

**WODRICH, MICHAEL A**  
**1301 RIVERPLACE BLVD SUITE 1500**  
**JACKSONVILLE, FL 32207**

**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**

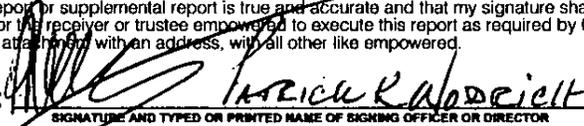
00000856189  
 03/28/08 00002 007 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P WODRICH, PATRICK K 17828 SIMMS ROAD ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:**     **Patrick K Wodrich**    **3/4/08**    **813 390-6725**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #