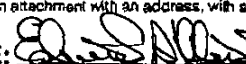


FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90024 045 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000057943					
1. Entity Name ALLIN'S BLINDS, VERTICALS & HURRICANE SHUTTERS, INC.					
Principal Place of Business 714-A PINE ISLAND RD CAPE CORAL, FL 33991			Mailing Address 714-A PINE ISLAND RD CAPE CORAL, FL 33991		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 81-0647942				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLIN, ED 714-A PINE ISLAND RD CAPE CORAL, FL 33991				7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent's Signature Required when registering.) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ALLIN, LYNOA		NAME		
STREET ADDRESS	714-A PINE ISLAND RD		STREET ADDRESS		
CITY- ST- ZIP	CAPE CORAL, FL 33991		CITY- ST- ZIP		
TITLE	ST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ALLIN, ED		NAME		
STREET ADDRESS	714-A PINE ISLAND RD		STREET ADDRESS		
CITY- ST- ZIP	CAPE CORAL, FL 33991		CITY- ST- ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	POWERS, STEVE		NAME		
STREET ADDRESS	714-A PINE ISLAND RD		STREET ADDRESS		
CITY- ST- ZIP	CAPE CORAL, FL 33991		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 907, 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:  EDWIN S. ALLIN			01-08-05 239.7729089		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone		