


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2008 8:00 am
Secretary of State

08-18-2008 90001 018 ***150.00

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 81-0647942	
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		
ALLIN, ED 714-A PINE ISLAND RD CAPE CORAL, FL 33991			Name <u>Steven Powers</u> Street Address (P.O. Box Number is Not Acceptable) <u>714-A Pine Island Rd</u> City <u>Cape Coral</u> FL <u>33991</u>		
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 signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		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 ALLIN, LYNDIA 714-A PINE ISLAND RD CAPE CORAL, FL 33991	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ALLIN, ED 714-A PINE ISLAND RD CAPE CORAL, FL 33991	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V POWERS, STEVE 714-A PINE ISLAND RD CAPE CORAL, FL 33991	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Steven Powers 714-A Pine Island Rd Cape Coral, FL 33991	<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"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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: _____		7/10/08		239-633-6476	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT

40113681

P04000057943

July 10, 2008

TO: Florida Department of State
Division of Corporations

Dear Sirs:

I am requesting that the late fee of \$400 be waived please. I did mail in the notice in March of 2008 before the deadline I didn't hear anything else about it until now. I thought all was alright. I am enclosing the corrections to the corporation along with the \$150 filing fee. I had just taken over the business in March and thought all had been paid it was an oversight. Please accept my apology and please waive the late fees.

Thank You.

Signed,
Steve Remy
president