

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000078643

Entity Name: D.R. BLINDS INC

FILED  
Apr 21, 2008  
Secretary of State

## Current Principal Place of Business:

3404 CLIFDEN DR  
TALLAHASSEE, FL 32309

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 14748  
TALLAHASSEE, FL 32317

## New Mailing Address:

FEI Number: 56-2516368

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BUDGET BLINDS OF TALLAHASSEE  
3404 CLIFDEN DR  
TALLAHASSEE, FL 32309 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: FOGLEMAN, REBECCA  
Address: 3404CLIFDEN DR  
City-St-Zip: TALLAHASSEE, FL 32309

Title: V ( ) Delete  
Name: FOGLEMAN, GARY  
Address: 3404 CLIFDEN DR  
City-St-Zip: TALLAHASSEE, FL 32309

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FOGLEMAN, REBECCA  
Address: 3404 CLIFDEN DR  
City-St-Zip: TALLAHASSEE, FL 32309

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GARY FOGLEMAN

V

04/21/2008

Electronic Signature of Signing Officer or Director

Date