# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 19, 2008**
**Secretary of State**

DOCUMENT# P06000085014

**Entity Name:** VERTICAL BLINDS OF HOMOSASSA,INC.

**Current Principal Place of Business:**

5454 S. SUNCOAST BLVD.
HOMOSASSA, FL 34446 US

**New Principal Place of Business:**

**Current Mailing Address:**

5454 S. SUNCOAST BLVD.
HOMOSASSA, FL 34446 US

**New Mailing Address:**

**FEI Number: 65-0940188** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASTLE, MICHAEL F
VERTICAL BLINDS OF HOMOSASSA
5454 S. SUNCOAST BLVD
HOMOSASSA, FL 34446 US

**Name and Address of New Registered Agent:**

CASTLE, LORRAINE E
VERTICAL BLINDS OF HOMOSASSA
5454 S. SUNCOAST BLVD
HOMOSASSA, FL 34446 US

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: LORRAINE CASTLE 03/19/2008
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: CASTLE, LORRAINE E
Address: 5450 S. SUNCOAST BLVD.
City-St-Zip: HOMOSASSA, FL 34446 US

Title: VP (X) Delete
Name: CASTLE, MICHAEL F
Address: 5450 S. SUNCOAST BLVD
City-St-Zip: HOMOSASSA, FL 34446 US

Title: SEC ( ) Delete
Name: CASTLE, MICHAEL F
Address: 5450 S. SUNCOAST BLVD.
City-St-Zip: HOMOSASSA, FL 34446 US

Title: TREA ( ) Delete
Name: CASTLE, MICHAEL F
Address: 5450 S. SUNCOAST BLVD
City-St-Zip: HOMOSASSA, FL 34446 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: DIX, RICHARD J JR.
Address: 5454 S. SUNCOAST BLVD.
City-St-Zip: HOMOSASSA, FL 34446 US

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

Title: SEC (X) Change ( ) Addition
Name: CASTLE, LORRAINE E
Address: 5454 S. SUNCOAST BLVD.
City-St-Zip: HOMOSASSA, FL 34446 US

Title: TREA (X) Change ( ) Addition
Name: CASTLE, LORRAINE E
Address: 5454 S. SUNCOAST BLVD
City-St-Zip: HOMOSASSA, FL 34446 US

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: LORRAINE CASTLE TREA 03/19/2008
Electronic Signature of Signing Officer or Director Date