

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-11-2007 90015 041 ***150.00

DOCUMENT # P06000153436 1. Entity Name DISCOUNT CUSTOM BLINDS COMPANY					
Principal Place of Business 5711 REGIS AVE PORT RICHEY, FL 34668			Mailing Address 5711 REGIS AVE PORT RICHEY, FL 34668		
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 42-171-7670	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TRUDELL, ROBERT J 5711 REGIS AVE PORT RICHEY, FL 34668				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 signature required when re-registering) _____ DATE _____					
FILE NOW!!! FEES \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY - ST - ZIP	D TRUDELL, ROBERT J 5711 REGIS AVE PORT RICHEY, FL 34668 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Trudell, Robert J 5711 Regis Avenue Port Richey, FL 34668 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TRUDELL, DOUGLAS C 11641 KEY LIME DRIVE NEW PORT RICHEY, FL 34654 ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sec/Treas Trudell, Beverly E 5711 Regis Avenue Port Richey, FL 34668 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: Robert J Trudell <i>Robert J Trudell</i> 4-1-07 727-505-7297 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

66011804



02272007 Chg-P CR2E034 (12/06)