


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P92000008538		
1. Entity Name DRAPERIES 'N SUCH, INC.		
Principal Place of Business 14590 S MILITARY TRAIL SUITE E8 DELRAY BEACH, FL 33484	Mailing Address 14590 S MILITARY TRAIL SUITE E8 DELRAY BEACH, FL 33484	



03122008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0374071	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  LAGESON, STEVEN J 14590 S MILITARY TRAIL SUITE E8 DELRAY BEACH, FL 33484
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**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

UN0000087389

04/14/08-80012-016 150.00

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LAGESON, STEVEN J 14590 S. MILITARY TRAIL S-E8 DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD LAGESON, CAROL A 14590 S MILITARY TRAIL S-E8 DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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: Carol Lageson CAROL LAGESON 3/28/08 561-495-8100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #