

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90325 037 ***150.00

DOCUMENT # P94000030152

1. Entity Name

BLINDS DECOR, INC.



Principal Place of Business

6 COMMERCIAL COURT
SUITE B
PALM COAST FL 32137

Mailing Address

6 COMMERCIAL COURT
SUITE B
PALM COAST FL 32137

24046164



MOORE

CR2E034 (11/03)

2. Principal Place of Business

6 COMMERCIAL COURT

Suite, Apt. #, etc.

STE. A

City & State

PALM COAST

Zip

FL 32137

Country

USA

3. Mailing Address

6 COMMERCIAL COURT

Suite, Apt. #, etc.

STE. A

City & State

PALM COAST FL

Zip

32137

Country

USA

4. FEI Number

59-3279420

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FEDELE, MARTHA
2 OFFICE PARK DR.
SUITE A-3
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name

MARTHA FEDELE

Street Address (P.O. Box Number is Not Acceptable)

3095 US HIGHWAY 1 SOUTH

City

ST-AUGUSTINE

FL

Zip Code

32086

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME GOMEZ, FREDY
STREET ADDRESS 6 COMMERCIAL COURT, STE. B
CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete

TITLE TS
NAME FEDELE, MARTHA J
STREET ADDRESS 24 AVALON DR
CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete

TITLE VP
NAME GOMEZ, FREDDY S
STREET ADDRESS 56 BLARE CASTLE DR
CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-10-04