

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90017 017 ***150.00

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1. Entity Name

BLINDS DECOR, INC.



Principal Place of Business

6 COMMERCIAL COURT
STE. A
PALM COAST FL 32137

Mailing Address

6 COMMERCIAL COURT
STE. A
PALM COAST FL 32137

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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
509 S US HWY 1 SOUTH
SAINT AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name DANILO GOMEZ

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

4 BLAKE FIELD CT

City PALM COAST

FL

Zip Code 32137

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-01-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 ☐ Delete
NAME GOMEZ, FREDY
STREET ADDRESS 6 COMMERCIAL COURT, STE. B
CITY-ST-ZIP PALM COAST FL 32137

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

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

TITLE VP ☐ Delete
NAME DANILO GOMEZ
STREET ADDRESS 4 BLAKEFIELD CT
CITY-ST-ZIP PALM COAST FL 32137

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 #

02-01-05 - President