

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000027183

FILED
Jun 19, 2012
Secretary of State

Entity Name: IMMACULATE WINDOW COVERINGS, INC.

Current Principal Place of Business:

3788 W. COUNTY HWY. 30-A
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

176 SHELTER COVE DRIVE
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 59-3438724 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MATTHEWS, DANA C ESQ.
4475 LEGENDARY DRIVE
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: REYNOLDS, KELLY
Address: 176 SHELTER COVE DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: VP
Name: REYNOLDS, JACQUELYN B MS
Address: 871 KELL-AIRE DRIVE
City-St-Zip: DESTIN, FL 32541 US

Title: SEC
Name: REYNOLDS, KYLEIGH M MS
Address: 176 SHELTER COVE DR.
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: TREA
Name: REYNOLDS, SHELBY N MS
Address: 871 KELL-AIRE DRIVE
City-St-Zip: DESTIN, FL 32541 US

I hereby 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 all other like empowered.

SIGNATURE: KELLY REYNOLDS

PRES

06/19/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date