

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90032 050 ***150.00

DOCUMENT # P99000000687

1. Entity Name

ALL KINDS OF BLINDS OF SOUTH FLORIDA, INC.



Principal Place of Business

861 SW 15TH ST.
BOCA RATON FL 33486

Mailing Address

861 SW 15TH ST.
BOCA RATON FL 33486



2. Principal Place of Business - No P.O. Box #

861 SW 15 ST

3. Mailing Address

861 SW 15 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

65-0887505

Applied For

Not Applicable

Zip

33486

Country

U.S.A.

Zip

33486

Country

U.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONROY, ANGELA
861 SW 15TH ST.
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name

Angela Conroy

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

861 SW 15 ST

City

Boca Raton

FL

Zip Code

33486

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 (applicable)

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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 NAME STREET ADDRESS CITY- ST- ZIP
D CONROY, ANGELA
861 SW 15TH ST.
BOCA RATON FL 33486 ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP
VP CONROY, PHILLIP G
861 SW 15 ST
BOCA RATON FL 33486 ☐ 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

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

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

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

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

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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #