


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # S86755
 1. Entity Name
SUNSTATE DRAPERY SERVICES, INCORPORATED



Principal Place of Business Mailing Address
3830 S NOVA RD **3830 S NOVA ROAD**
SUITE C-4 **SUITE C-4**
PORT ORANGE FL 32127 **PORT ORANGE FL 32127**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt #, etc. Suite, Apt #, etc.

City & State City & State

Zip Country Zip Country



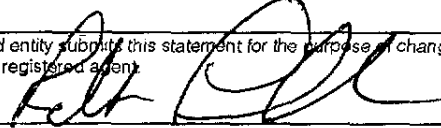
1st MOORE CR2E034 (10/04)

4. FEI Number Applied For
59-3088781 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LABIAK, ROBERT P.
2005 S RIVERSIDE DR #15
EDGEWATER FL 32141

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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  **ROBERT LABIAK** DATE **1-25-05**

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 \$5.00 May Be Added to Fees
 Trust Fund Contribution.

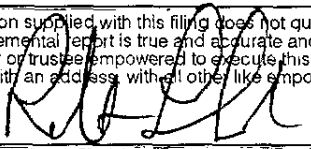
10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LABIAK, ROBERT P.	
STREET ADDRESS	1327 WAYNE AVE.	
CITY - ST - ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	V	<input type="checkbox"/> Delete
NAME	LABIAK, ELIZABETH M.	
STREET ADDRESS	2126 S. RIVERSIDE DR.	
CITY - ST - ZIP	EDGEWATER FL 32141	
TITLE	S	<input type="checkbox"/> Delete
NAME	LABIAK, PAMELA E.	
STREET ADDRESS	233 E. 89TH ST., APT 2C	
CITY - ST - ZIP	NEW YORK NY 10128	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

000000237370
 02/21/05-80857-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **ROBERT LABIAK** DATE **1-25-05** DAYTIME PHONE # **386 761 9499**