

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 352369
 1. Entity Name
FOLDING SHUTTER CORPORATION



| | |
|--|--|
| Principal Place of Business 7089 HEMSTREET PLACE WEST PALM BCH, FL 33413-1640 US | Mailing Address 7089 HEMSTREET PLACE WEST PALM BCH, FL 33413-1640 US |
|--|--|



04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-1272008 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 HEMSTREET, GARY M.
 7089 HEMSTREET PLACE
 WEST PALM BEACH, FL 33413-1640

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

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 HEMSTREET, HOWARD K 7089 HEMSTREET PLACE WEST PALM BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HEMSTREET, GARY M. 7089 HEMSTREET PLACE WEST PALM BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP HEMSTREET, KEVIN 7089 HEMSTREET PLACE WEST PALM BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HEMSTREET, PAUL D. 7089 HEMSTREET PLACE WEST PALM BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 04/29/04-80137-005 150.00

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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 or without power.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____