

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 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



04112005 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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7. 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 _____ (NOTE: Registered Agent signature required when renouncing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

8. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000313712
04/18/05-80133-025 150.00

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	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: _____ **4/15/05** **561 683-4811**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #