


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90728 025 ***150.00

DOCUMENT # P01000050000			
1. Entity Name SHORELINE HURRICANE SHUTTERS, INC.			
Principal Place of Business 15435 78TH PLACE N LOXAHATCHEE, FL 33470		Mailing Address 15435 78TH PLACE N LOXAHATCHEE, FL 33470	
2. Principal Place of Business 1726 MAINSAIL ST.		3. Mailing Address 1726 MAINSAIL ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SEBASTIAN, FL		City & State SEBASTIAN, FL	
Zip FL 32958	Country INDIAN RIVER	Zip 32958	Country INDIAN RIVER
6. Name and Address of Current Registered Agent ITZHAK, RONI 15435 78TH PLACE N LOXAHATCHEE, FL 33470		7. Name and Address of New Registered Agent Name RONI ITZHAK Street Address (P.O. Box Number is Not Acceptable) 1726 MAINSAIL ST. City SEBASTIAN FL Zip Code 32958	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete ITZHAK, RONI 15435 78TH PLACE N LOXAHATCHEE, FL 33470	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RONI ITZHAK 1726 MAINSAIL ST. SEBASTIAN, FL 32958
TITLE VP	<input type="checkbox"/> Delete ITZHAK, MENASHE 110 STRATFORD WEST PALM BEACH, FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____		Date 4/16/04 Daytime Phone # (561)723-6773	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

94057376



04162004 Chg-P CR2E034 (10/03)

4. FEI Number **65-1112461** Applied For Not Applicable

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