


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90004 034 ***150.00

DOCUMENT # P04000045582

1. Entity Name
SHUTTER SERVICE, INC



Principal Place of Business Mailing Address

4295 14TH STREET NE 4295 14TH STREET NE
 NAPLES, FL 33120 US NAPLES, FL 33120 US

50066467

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



09082005 Chg-P CR2E034 (10/03)

4. FEI Number: **20-1261162** Applied For: Not Applicable

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

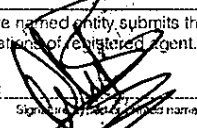
5. Name and Address of Current Registered Agent

ROSALES, EDWING
 4295 14TH STREET NE
 NAPLES, FL 34120

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:  *President* **9/8/05**

Signature of individual named name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROSALES, EDWING	
STREET ADDRESS	4295 14TH STREET NE	
CITY-ST-ZIP	NAPLES, FL 34120	
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		

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:  *President* **9/8/05**

SIGNATURE, TITLE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #