


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000105683 1. Entity Name A 1 A HURRICANE SHUTTER CORP.	
---	---

Principal Place of Business 576 MARSHALL ROAD WEST PALM BEACH, FL 33413	Mailing Address 576 MARSHALL ROAD WEST PALM BEACH, FL 33413
---	---

DO NOT WRITE IN THIS SPACE



05142008 No Chg-P CR2E034 (11/05)

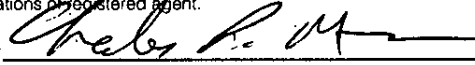
4. FEI Number 65-1069096	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, CHARLES P
576 MARSHALL ROAD
WEST PALM BEACH, FL 33413

DO NOT WRITE IN THIS SPACE

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 5/12/08

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 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
--	---	---

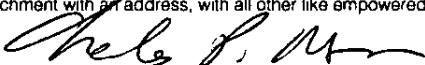
10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MOORE, CHARLES P
STREET ADDRESS	576 MARSHALL ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33413
TITLE	VP
NAME	MOORE, N.D.
STREET ADDRESS	576 MARSHALL ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33413
TITLE	ST
NAME	MOORE, I.P.
STREET ADDRESS	576 MARSHALL ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33413
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000951512
06/04/08-80038-004 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Charles P. Moore 5-12-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #