

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 JUN 19 PM 2:40

SECRET
TALLAHASSEE, FLORIDA

200076345102



06072008 Chg-P CR2E034 (11/05)

DOCUMENT # F04000003961			
1. Entity Name ATRIUM SHUTTERS, INC.			
Principal Place of Business 4800 SW 51ST ST. DAVIE, FL 33314-5537		Mailing Address PO BOX 226957-- DALLAS, TX 75222-6957	
2. Principal Place of Business		3. Mailing Address 3600 Port Jacksonville Pway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Jacksonville, FL	
Zip	Country	Zip	Country
32226	USA	32226	USA
4. FEI Number 75-0664562		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RUSSEY, CRAIG 4800 SW 51ST ST. DAVIE, FL 33314-5537		Name Bob Whitlock	
		Street Address (P.O. Box Number is Not Acceptable) 3600 Port Jacksonville Parkway	
		City Jacksonville FL Zip Code 32226	
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		Bob Whitlock, VP of Operations - 6/16/06	
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	DCEO HULL, JEFF 941 GIBBS CROSSING COPELL, TX 75019 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Fagerty, Gregory T. 3890 W. Northwest Highway, Suite 500 Dallas, TX 75220 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUSSEY, CRAIG 10709 INDIAN TRAIL COOPER CITY, FL 33328 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LONG, ERIC 6025 DELROY DR. DALLAS, TX 75230 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP Burns, Robert E. 3890 W. Northwest Highway, Suite 500 Dallas, TX 75220 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHORTON, DAVID 9718 WINDY HOLLOW IRVING, TX 75063 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ragona, Philip J. 3890 W. Northwest Highway, Suite 500 Dallas, TX 75220 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Coffee, Patrick M. 3890 W. Northwest Highway, Suite 500 Dallas, TX 75220 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		6/16/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



CORPORATION SERVICE COMPANY

282

ACCOUNT NO. : 072100000032

REFERENCE : 187454 4300123

AUTHORIZATION : *[Signature]*

COST LIMIT : \$558.75

ORDER DATE : June 19, 2006

ORDER TIME : 10:25 AM

ORDER NO. : 187454-005

CUSTOMER NO: 4300123

ANNUAL REPORT FILING

NAME: ATRIUM SHUTTERS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret-EXT#2949

EXAMINER'S INITIALS: _____

RECEIVED
06 JUN 19 AM 10:40
BUREAU OF CORPORATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA