

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 JUN 10 PM 3:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # J06654

1. Entity Name
PROTECTIVE SHUTTER SYSTEMS, INC.



Principal Place of Business

1631 S DIXIE HIGHWAY
BLDG E
POMPANO BEACH, FL 33060 US

Mailing Address

1631 S DIXIE HIGHWAY
BLDG E
POMPANO BEACH, FL 33060 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06012004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2673075

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALONEY, DALE
1631 S DIXIE HIGHWAY
BLDG E
POMPANO BEACH, FL 33060

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTV ☐ Delete
NAME MALONEY, DALE
STREET ADDRESS 1631 S DIXIE HIGHWAY BLDG E
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE ☒ Change ☐ Addition
NAME P.T. MALONEY, DALE
STREET ADDRESS 1631 S Dixie Hwy Bldg E-3
CITY-ST-ZIP Pompano Beach FL 33060

TITLE S ☐ Delete
NAME MALONEY, SANDRA
STREET ADDRESS 1631 S DIXIE HWY E-3
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE ☐ Change ☐ Addition
NAME 500037994965
STREET ADDRESS 06/16/04--01009--004 **61.25
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
NAME Shoop, Laurie
STREET ADDRESS 1631 S Dixie Hwy Bldg E-3
CITY-ST-ZIP Pompano Beach FL 33060

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Dale Maloney Pres. 6-2-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #