


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90029 043 ***150.00

DOCUMENT # L13564			
1. Entity Name SCREENS & SHUTTERS, INC.			
Principal Place of Business 1202 NE PINE ISLAND RD. #H CAPE CORAL, FL 33909 US		Mailing Address 11794 ROYAL TEE CT CAPE CORAL, FL 33991	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 502 SW 52 ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State CAPE CORAL FL.	
Zip	Country	Zip	Country
33914	U.S.	33914	U.S.
01042008		Chg-P	
CR2E034 (12/06)		4. FEI Number 65-0171958	
Applied For		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent BOBAY, PHYLLIS P 11794 ROYAL TEE CT CAPE CORAL, FL 33991		7. Name and Address of New Registered Agent Name BOBAY PHYLLIS P Street Address (P.O. Box Number is Not Acceptable) 502 SW 52 ST CAPE CORAL FL City CAPE CORAL FL Zip Code 33914	
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 <i>Phyllis P Bobay</i>		DATE 1-7-08	
Signatures, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	NAME BOBAY, ROBERT	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME BOBAY ROBERT
STREET ADDRESS 11794 ROYAL TEE CT	CITY-ST-ZIP CAPE CORAL, FL 33991	STREET ADDRESS 502 SW 52 ST	CITY-ST-ZIP CAPE CORAL FL 33914
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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: <i>Phyllis P Bobay III</i>		DATE 1-7-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 239-470-2935	