


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

2. **FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90021 013 \*\*\*150.00

<b>DOCUMENT # L67044</b>			
1. Entity Name <b>STORM SHUTTER SPECIALIST, INC.</b>			
Principal Place of Business <b>6453 27TH AVE N SAINT PETERSBURG, FL 33710</b>		Mailing Address <b>6453 27TH AVE N SAINT PETERSBURG, FL 33710</b>	
2. Principal Place of Business - No P.O. Box # <b>7900 Blind Pass Rd</b>		3. Mailing Address <b>7900 Blind Pass Rd</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>ST PETE Bch FL</b>		City & State <b>ST PETE Bch FL</b>	
Zip <b>33706</b>	Country <b>US</b>	Zip <b>33706</b>	Country <b>US</b>
5. Name and Address of Current Registered Agent <b>MACKIN, SANDRA 6453 27TH AVE N SAINT PETERSBURG, FL 33710</b>		7. Name and Address of New Registered Agent Name <b>Sandra Mackin</b> Street Address (P.O. Box Number is Not Acceptable) <b>7900 Blind Pass Road</b> City <b>ST Pete Bch</b> FL Zip Code <b>33706</b>	
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 _____ <small>Signature, typed or printed name of registered agent and how it applicable (NOTE: Registered Agent signature required when retaining)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	D MACKIN, JOHN 6453 27TH AVE N SAINT PETERSBURG, FL 33710 <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	S MACKIN, SANDRA 6453 27TH AVE N SAINT PETERSBURG, FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>OWNER</b> <b>SANDRA MACKIN</b> <b>7900 BLIND PASS RD</b> <b>ST. PETE Bch FL 33706</b> <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	<input 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	<input 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	<input 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	<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: <b>Sandra Mackin</b> <b>SANDRA MACKIN</b> <b>3/6/08</b> <b>727-360-2582</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davine Phone #</small>			

66002958



01212008 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-3004173** Applied For  
☐ Not Applicable

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