


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000002195 1. Entity Name AMERICAN SHUTTER SYSTEMS ASSOCIATION, INC.	
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Principal Place of Business 3600 23RD AVENUE, SOUTH LAKE WORTH, FL 33461	Mailing Address 2501 FLORAL RD LAKE WORTH, FL 33462
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DO NOT WRITE IN THIS SPACE

FILED
08 MAR 25 AM 11:07
CLERK OF STATE
TALLAHASSEE, FLORIDA



02262008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0585361	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 LINDSEY, M CAROL 2501 FLORAL RD LAKE WORTH, FL 33462

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FEELEY, WILLIAM 78007 FORESTAY DRIVE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NOBLE, JOHN 1577 SW 1ST WAY E8 DEERFIELD, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANTANA, LEGNY 4268 WESTROADS WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD O'BRIAN, JOHN 197 SE MONTERAY RD STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDSEY, M CAROL 2501 FLORAL RD LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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500121198275
03/25/08--01021--001 **61.50

\$73/25

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 617, 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: M. Carol Lindsey M. Carol Lindsey 3-2-08 561-433-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #