2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# P00000005157

Entity Name: ATLANTIC COAST HURRICANE SHUTTERS, INC.

Current Principal Place of Business:

5804 SPRUCE CREEK WOODS DRIVE
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

5804 SPRUCE CREEK WOODS DRIVE
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 59-3625107 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPENCER, ALBERT
5804 SPRUCE CREEK WOODS DRIVE
PORT ORANGE, FL 32127

Name and Address of New Registered Agent:

SPENCER, HERBERT B
5804 SPRUCE CREEK WOODS DRIVE
PORT ORANGE, FL 32127

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.

SIGNATURE: HERBERT B SPENCER 04/28/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SPENCER, ALBERTA
Address: 5804 SPRUCE CREEK WOODS DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete
Name: SPENCER, CHRISTINA
Address: 5804 SPRUCE CREEK WOODS DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete
Name: SPENCER, HERBERT
Address: 5804 SPRUCE CREEK WOODS DRIVE
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERBERT SPENCER D 04/28/2004
Electronic Signature of Signing Officer or Director Date