

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000012111

FILED
Jan 11, 2007
Secretary of State

Entity Name: COASTAL SHUTTERS OF THE TREASURE COAST, INC.

Current Principal Place of Business:

1386 SE HUFFMAN RD
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

1386 SE HUFFMAN RD
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 65-0981205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRAVO, CHARLES E
1430 HUFFMAN ROAD
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

DRAVO, ANN
COASTAL SHUTTERS OF THE TREASURE COAST INC
1386 HUFFMAN ROAD
PORT ST. LUCIE, FL 34952 US

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: ANN DRAVO

01/11/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DRAVO, CHARLES E
Address: 1685 SE MACQUILLEN RD
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VP () Delete
Name: DRAVO, MICHAEL W
Address: 1680 LAKE LEGACY DR
City-St-Zip: STUART, FL 34997

Title: TRS () Delete
Name: DRAVO, ANN
Address: 1685 SE MACQUILLEN RD
City-St-Zip: PORT ST. LUCIE, FL 34952

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 Chapter 119, 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: ANN DRAVO

TREA

01/11/2007

Electronic Signature of Signing Officer or Director

Date