

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000020328

Entity Name: HANSEN SHUTTERS, INC.

FILED  
Jul 15, 2004  
Secretary of State

**Current Principal Place of Business:**

502 A SOUTH ROAD  
FT MYERS, FL 33907

**New Principal Place of Business:**

1704 SW 3RD STREET  
CAPE CORAL,, FL 33991

**Current Mailing Address:**

1704 SW 3RD STREET  
CAPE CORAL, FL 33991

**New Mailing Address:**

FEI Number: 65-0989920      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SNOWDEN, BILLY JO  
1704 SW 3RD STREET  
CAPE CORAL, FL 33991      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SNOWDEN, BILLY J  
Address: 1704 SW 3RD ST  
City-St-Zip: CAPE CORAL, FL 339911321

Title: S ( ) Delete  
Name: SHREVE, NICOLE L  
Address: 1704 SW 3RD ST  
City-St-Zip: CAPE CORAL, FL 339911321

Title: T ( ) Delete  
Name: DIXON, ROBERT  
Address: 1704 SW 3RD ST  
City-St-Zip: CAPE CORAL, FL 339911321

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SNOWDEN, BILLY JO J  
Address: 1704 SW 3RD ST  
City-St-Zip: CAPE CORAL, FL 339911321

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: NICOLE SHREVE

S

07/15/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date