


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90114 044 \*\*\*158.75

**DOCUMENT # P00000020328**

1. Entity Name  
**HANSEN SHUTTERS, INC.**



Principal Place of Business      Mailing Address

~~836 N. E. 7TH TERRACE~~      ~~UNIT #5~~      ~~CAPE CORAL, FL 33909~~      *1704 SW 3rd St.*      **1704 SW 3RD STREET**  
**CAPE CORAL, FL 33991**      *Cape Coral*      **FL 33991**

**DO NOT WRITE IN THIS SPACE**



04142008      No Chg-P      CR2E034 (11/05)

4. FEI Number <b>65-0989920</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**


9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SNOWDEN, BILLY JO J 1704 SW 3RD ST CAPE CORAL, FL 339911321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHREVE, NICOLE L 1704 SW 3RD ST CAPE CORAL, FL 339911321
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**DO NOT WRITE IN THIS SPACE**

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:**       **4-14-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #