

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000062821

FILED  
Jun 05, 2007  
Secretary of State

Entity Name: SEMINOLE WIND HURRICANE SHUTTERS, INC.

**Current Principal Place of Business:**

17341 ALICO CENTER RD  
UNIT D  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

17341 ALICO CENTER RD  
UNIT D  
FORT MYERS, FL 33912

**New Mailing Address:**

FEI Number: 65-1019752

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STOKES, THOMAS C  
18589 MATANZAS RD  
FORT MYERS, FL 33912 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: P ( ) Delete  
Name: STOKES, THOMAS C  
Address: 8121 LAKE SAN CARLOS CIRCLE  
City-St-Zip: FORT MYERS, FL 33912

Title: VP ( ) Delete  
Name: BENNETT, WILLIAM D JR.  
Address: 248 SUNFLOWER CT.  
City-St-Zip: MARCO ISLAND, FL 34145

Title: T ( ) Delete  
Name: STOKES, EDYTHE C  
Address: 5329 BILLINGS ST.  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D ( ) Delete  
Name: BENNETT, WILLIAM D JR.  
Address: 248 SUNFLOWER CT.  
City-St-Zip: MARCO ISLAND, FL 34145

**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:

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

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS C STOKES

PRES

06/05/2007

Electronic Signature of Signing Officer or Director

Date