

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90043 021 \*\*\*150.00

**DOCUMENT # P00000064692**

1. Entity Name

SHUTTERPRO HURRICANE SHUTTERS, INC.



Principal Place of Business

4343 S. RIDGEWOOD AVE  
PORT ORANGE FL 32127

Mailing Address

4343 S. RIDGEWOOD AVE  
PORT ORANGE FL 32127

2. Principal Place of Business

1975 B. Eidson Dr.

Suite, Apt. #, etc.

3. Mailing Address

1975 B. Eidson Dr.

Suite, Apt. #, etc.

City & State

Deland FL

City & State

Deland FL

Zip

32724

Country

USA

Zip

32724

Country

USA

4. FEI Number

59-3653724

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FLEISCHER, NANCY  
4343 S. RIDGEWOOD AVE  
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent

Name NANCY FLEISCHER

Street Address (P.O. Box Number is Not Acceptable)

1975 B. Eidson Dr.

City

Deland

FL

Zip Code

32724

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-15-2004  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	FLEISCHER, NANCY	
STREET ADDRESS	147 ESSEX DRIVE	
CITY-ST-ZIP	4421 S. Atlantic Unit A2 LONGWOOD FL 32779 Ponce Inlet FL 32127	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GORDON, SUSAN	
STREET ADDRESS	147 ESSEX DRIVE	
CITY-ST-ZIP	83 Spring Ridge Dr. LONGWOOD FL 32779 Deland FL 32713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy Fleischer	
STREET ADDRESS	4421 S. Atlantic Unit A2	
CITY-ST-ZIP	Ponce Inlet FL 32127	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan Gordon	
STREET ADDRESS	83 Spring Ridge Dr.	
CITY-ST-ZIP	Deland FL 32713	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*[Signature]* Susan Gordon VP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #