

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

05 SEP 12 PM 4: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



99012005 Chg-P CR2E034 (10/03)

DOCUMENT # P00000064692			
1. Entity Name SHUTTERPRO HURRICANE SHUTTERS, INC.			
Principal Place of Business 1975 B EIDSON DR DELAND, FL 32724		Mailing Address 1975 B EIDSON DR DELAND, FL 32724	
2. Principal Place of Business 707 Samms Avenue Suite, Apt. #, etc. Unit D City & State Port Orange FL Zip 32729 Country Volusia		3. Mailing Address 707 Samms Avenue Suite, Apt. #, etc. Unit D City & State Port Orange FL Zip 32729 Country Volusia	
4. FEI Number 59-3653724		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLEISCHER, NANCY 1975 B EIDSON DR DELAND, FL 32724		7. Name and Address of New Registered Agent Name Susan Gordon Street Address (P.O. Box Number is Not Acceptable) 83 Spring Ridge Dr. DeBary FL City DeBary FL Zip Code 32713	
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: Susan Gordon President 9/2/05 (NOTE: Registered Agent signature required when reinstating)			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FLEISCHER, NANCY 4421 S ATLANTIC UNIT A2 PONCE INLET, FL 32127 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GORDON, SUSAN 83 SPRING RDIGE DR DEBARY, FL 32713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100059739781 09/19/05--01039--017 **\$61.25 President Susan Gordon 83 Spring Ridge Dr. DeBary FL 32713 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Ruan Fleischer 1524 Southard Ave New Smyrna Beach FL 32149 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer William Norwood 523 S. Longview Place Longwood FL 32779 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Susan Gordon President 9/2/05		356763 1709	