

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91254 017 ***150.00

DOCUMENT # P00000091876

1. Entity Name
DIVERSIFIED SHUTTER SALES, INC.



Principal Place of Business

**7860 W. 25 TH AVE
HIALEAH, FL 33016**

Mailing Address

**C/O DOUGLAS W. BIGGERS
526 ALLENDALE RD
KEY BISCAINE, FL 33149**

94083684



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1045299

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BIGGERS, DOUGLAS W
526 ALLENDALE RD
KEY BISCAINE, FL 33149**

7. Name and Address of New Registered Agent

Name

Gerald Maier

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

19430 NW 6th Street

Pembroke Pines, FL 33029

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TARANTINO, NICK	
STREET ADDRESS	7382 BIG CYPRESS CT.	
CITY-ST-ZIP	MIAMI, FL 33016	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MAIER, GERALD	
STREET ADDRESS	19430 NW 6TH ST.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BUZZELLA, DAVID R	
STREET ADDRESS	4984 COURTLAND LOOP	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BIGGERS, DOUGLAS W	
STREET ADDRESS	526 ALLENDALE RD	
CITY-ST-ZIP	KEY BISCAINE, FL 33149	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD/SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maier, Gerald	
STREET ADDRESS	19430 NW 6th Street	
CITY-ST-ZIP	Pembroke Pines, FL 33029	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

4/29/04

Date

Daytime Phone #