

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90003 047 ***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 BISCAVNE, FL 33149		
2. Principal Place of Business - No P.O. Box # 2840 West Orange Ave.			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Apopka, FE			City & State		
Zip 32703		Country USA		4. FEI Number 65-1045299	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAIER, GERALD 19430 NW 6TH STREET HOLLYWOOD, FL 33029			7. Name and Address of New Registered Agent Name: Buzzella, David Street Address (P.O. Box Number is Not Acceptable): 2840 West Orange Avenue City: Apopka FL Zip Code: 32703		
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 registering) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing ☐ \$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	PD TARANTINO, NICK 7382 BIG CYPRESS CT. MIAMI, FL 33016	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAIER, GERALD 19430 NW 6TH ST. PEMBROKE PINES, FL 33029	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUZZELLA, DAVID R 4984 COURTLAND LOOP WINTER SPRINGS, FL 32708	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS MAIER, GERALD 19430 NW 6TH STREET HOLLYWOOD, FL 33029	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS Biggers, Douglas 526 Allendale Road Key Biscayne, FL 33149	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition			
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 filers empowered.					
SIGNATURE:		2/26/08 407-598-1100			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					