

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000074032	
1. Entity Name COASTAL WINDS SHUTTERS, INC.	

Principal Place of Business 985 PAPAYA LANE WINTER SPRINGS, FL 32708	Mailing Address 985 PAPAYA LANE WINTER SPRINGS, FL 32708
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DO NOT WRITE IN THIS SPACE



08232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3733883	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KNIPP, RICHARD C
985 PAPAYA LANE
WINTER SPRINGS, FL 32708

**DO NOT WRITE
IN THIS SPACE**

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 retaking)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD KNIPP, RICHARD C 985 PAPAYA LANE WINTER SPRINGS, FL 32708
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08/25/04-80004-005 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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

8-22-04

Date

407-695-0194

Daytime Phone #