


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000079915</b> 1. Entity Name <b>GULFSIDE SHUTTERS, INC.</b>	
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Principal Place of Business <b>716 WESLEY AVE 18 TARPON SPRINGS, FL 34689</b>	Mailing Address <b>716 WESLEY AVE 18 TARPON SPRINGS, FL 34689</b>
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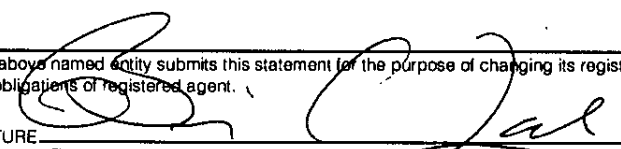
05272008 No Chg-P CR2E034 (11/05)

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4. FEI Number <b>59-3739640</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>LAKE, BRIAN C 617 N. HIGHLAND AVE. CLEARWATER, FL 33755</b>
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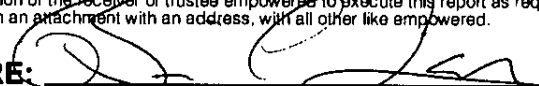
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  DATE <b>5/28/08</b> <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reappointing)</small>
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D LAKE, BRIAN C 617 N. HIGHLAND AVE. CLEARWATER, FL 33755</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D HOBERT, DANIEL D 7545 GULF WAY HUDSON, FL 34667</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 like empowered.  SIGNATURE:  DATE <b>5/28/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small> <small>Daytime Phone #</small>
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