

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90070 020 \*\*\*150.00

DOCUMENT # P01000102957

1. Entity Name

ABSOLUTE STORM PROTECTION SERVICES, INC.



Principal Place of Business

5 LANE DRIVE  
UNIT E  
MARY ESTHER FL 32569

Mailing Address

5 LANE DRIVE  
UNIT E  
MARY ESTHER FL 32569



2. Principal Place of Business - No P.O. Box #

5 Lane Drive

3. Mailing Address

5 Lane Drive

Suite, Apt. #, etc.

Unit E

Suite, Apt. #, etc.

Unit E

City & State

Mary Esther, FL

City & State

Mary Esther, FL

Zip

32569

Country

USA

Zip

32569

Country

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3754987

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERRI, DANIEL C  
4 ELEVENTH AVE  
SUITE ONE  
SHALIMAR FL 32579

7. Name and Address of New Registered Agent

Name Perri, Daniel C.  
Street Address (P.O. Box Number is Not Acceptable)  
4 Eleventh Avenue  
Suite One  
City Shalimar FL Zip Code 32579

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SCHMEER, RUDI  
STREET ADDRESS 703 FOREST SORES DR  
CITY- ST- ZIP MARY ESTHER FL 32569

TITLE D ☐ Delete  
NAME HEINEN, BIRGIT  
STREET ADDRESS 703 FOREST SORES DR  
CITY- ST- ZIP MARY ESTHER FL 32569

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/29/07 850-244-0039