

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90020 010 \*\*\*150.00

<b>DOCUMENT # P01000116115</b> 1. Entity Name <b>GULF COAST SHUTTER, INC.</b>					
Principal Place of Business <b>266 OKEECHOBEE COVE DESTIN, FL 32541</b>			Mailing Address <b>PO BOX 6753 MIRAMAR, FL 32550</b>		
2. Principal Place of Business <b>390 S. Geronimo Street</b> Suite, Apt. #, etc. <b>Suite 203</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Destin, FL</b> Zip <b>32550</b>		City & State Zip		Country <b>U.S.A.</b>	
4. FEI Number <b>26-0006220</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>EMBREE, SCOTT J SR. 266 OKEECHOBEE COVE DESTIN, FL 32541</b>			7. Name and Address of New Registered Agent Name <b>Larry G. Phillips</b> Street Address (P.O. Box Number is Not Acceptable) <b>365 Walton Way</b> City <b>Destin</b>		
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: <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE <b>1-7-04</b>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PT NAME PHILLIPS, LARRY G STREET ADDRESS 266 OKEECHOBEE COVE CITY-ST-ZIP DESTIN, FL 32541	<input type="checkbox"/> Delete		TITLE PT NAME Larry G. Phillips STREET ADDRESS 365 Walton Way CITY-ST-ZIP Destin, FL 32550	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VS NAME EMBREE, SCOTT J SR. STREET ADDRESS 266 OKEECHOBEE COVE CITY-ST-ZIP DESTIN, FL 32541	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 another like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>1-7-04</b>		
			Daytime Phone # <b>850-269-1066</b>		