2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-02-2004 90020 016 ***150.00

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1. Entity Name
FLORIDA TROPICAL SHADES, INC.

Principal Place of Business	Mailing Address
3010 AQUA VISTA LN. #104 ST. AUGUSTINE, FL 32084	3010 AQUA VISTA LN. #104 ST. AUGUSTINE, FL 32084

04012004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
500 Belz Outlet Blvd			
Suite, Apt. #, etc. Ste. 810 A		Suite, Apt. #, etc.	
City & State St. Augustine, FL		City & State	
Zip 32095	Country US	Zip	Country

4. FEI Number 05-1161-021 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MACPHERSON, DEBORAH L
3010 AQUA VISTA LN. #104
ST. AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	Director	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Deborah L. MacPherson		NAME		
STREET ADDRESS	3010 Aqua Vista Ln. #104		STREET ADDRESS		
CITY-ST-ZIP	St. Augustine, FL 32084		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: [signature] Deborah MacPherson 4/1/04 (904) 808-1986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #