

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000048983

FILED
Apr 20, 2004
Secretary of State

Entity Name: C.R. SHUTTER SHOP FRANCHISING, INC.

Current Principal Place of Business:

510 SECOND STREET S.W.
VERO BEACH, FL 32962

New Principal Place of Business:

Current Mailing Address:

510 SECOND STREET S.W.
VERO BEACH, FL 32962

New Mailing Address:

FEI Number: 42-1614192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, RICHARD L ESQ.
545 BEACHLAND BOULEVARD
VERO BEACH, FL US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSON, WILLIAM
Address: 8505 SEACREST DRIVE
City-St-Zip: VERO BEACH, FL 32963

Title: VD () Delete
Name: MINGOLA, ROBERT
Address: 365 LA MANCHA AVENUE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VD () Delete
Name: MINGOLA, MICHAEL
Address: 11751 DAHLA DRIVE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: STD () Delete
Name: JOHNSON, TINA
Address: 8505 SEACREST DRIVE
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM JOHNSON

PRES

04/20/2004

Electronic Signature of Signing Officer or Director

Date