


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P03000059403

1. Entity Name
 SHUTTER CONCEPTS OF SOUTH FLORIDA, INC.



Principal Place of Business
 SHUTTER CONCEPTS
 1810 J&C BLVD., #5
 NAPLES, FL 34109

Mailing Address
 1672 MANCHESTER CT
 NAPLES, FL 34109

DO NOT WRITE IN THIS SPACE



02152008 No Chg-P CR2E034 (11/05)

4. FEI Number
 20-0030306

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

COTTER, TIMOTHY J
 599 9 STREET NORTH STE 313
 NAPLES, FL 34102

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------|
| TITLE | D |
| NAME | NORTON, MICHAEL G |
| STREET ADDRESS | 1672 MANCHESTER CT |
| CITY-ST-ZIP | NAPLES, FL 34109 |
| TITLE | D |
| NAME | NORTON, MICHELLE |
| STREET ADDRESS | 1672 MANCHESTER CT |
| CITY-ST-ZIP | NAPLES, FL 34109 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 04/02/08 80059-021 150.00

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:  **MAR 17 2008** (239)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #