


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90053 046 \*\*\*150.00

<b>DOCUMENT # P03000070415</b> 1. Entity Name <b>STORM SECURE SHUTTERS, INC.</b>					
Principal Place of Business <del>5701 12 AVE NW</del> <b>NAPLES, FL 34119</b>			Mailing Address <del>5701 12 AVE NW</del> <b>NAPLES, FL 34119</b>		
2. Principal Place of Business <b>5791 Bur Oaks Lane</b> Suite, Apt. #, etc. <b>Naples FL</b> City & State		3. Mailing Address <b>5791 Bur Oaks Lane</b> Suite, Apt. #, etc. <b>Naples FL</b> City & State			
Zip <b>34119</b> Country <b>U.S.</b>		Zip <b>34119</b> Country <b>U.S.</b>		4. FEI Number <b>57-1173993</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03182005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>BESHEARS, BRADLEY</b> <del>5701 12 AVE NW</del> <b>NAPLES, FL 34119</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5791 Bur Oaks Lane</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34119</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: <u><i>Brad Beards</i></u> <span style="float: right;">3/18/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BESHEARS, BRADLEY</b> <b>5791 BUR OAKS LANE</b> <b>NAPLES, FL 34119</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Brad Beards</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/18/05 <span style="float: right;">275-7766</span> <small>Date Daytime Phone #</small>		