

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90392 008 \*\*\*150.00

**DOCUMENT # P03000132113**

1. Entity Name  
**JP HURRICANE SHUTTERS INC.**



Principal Place of Business  
**10858 NEWBRIDGE DR.  
RIVERVIEW, FL 33569**

Mailing Address  
**10858 NEWBRIDGE DR.  
343  
RIVERVIEW, FL 33569**

**TAM 40075319**



2. Principal Place of Business

**1100 N. 50th St. → SAME**

Suite, Apt. #, etc.

**BLDG 1A**

Suite, Apt. #, etc.

City & State

**TAMPA, FL**

City & State

Zip

**33619**

Country

Zip

Country

02042006

Chg-P

CR2E034 (11/05)

4. FEI Number

**20-0391575**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JAN, CHMIEL  
10858 NEWBRIDGE DR.  
RIVERVIEW, FL 33569**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CHMIEL, JAN	
STREET ADDRESS	10858 NEWBRIDGE DR.	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KOPECKY, PETER	
STREET ADDRESS	6202 SHELDON RD APT 910	
CITY-ST-ZIP	TAMPA, FL 33615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN CHMIEL  
PRES.**

**04/18/06**

Date

**813-672-6000**

Daytime Phone #