2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 12, 2004 8:00 am Secretary of State **DOCUMENT # P03000138916** 1. Entity Name 04-12-2004 90324 010 ***150 00 THE SHUTTER COMPANY, INC. Mailing Address Principal Place of Business 17046 73RD CT. N. LOXAHATCHEE FL 33470¹ 17046 73RD CT. N. LOXAHATCHEE FL 33470 54031191 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 20-0471592 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAUGER, PHILIP D Street Address (P.O. Box Number is Not Acceptable) 17046 73RD CT. N. LOXAHATCHEE FL 33470 City 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 PHILIP D. HAUGER Signature, typed or printed name of registered agent and title if applicable, FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition HAUGER, PHILIP D NAME 17046 73RD CT. N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LOXAHATCHEE FL 33470 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition HAUGER, JEFFREY R NAME NAME 17046 73RD CT. N. STREET ADDRESS STREET ADDRESS LOXAHATCHEE FL 33470 CITY-ST-7IP CITY-ST-ZIP Delete TITLE TS TITLE ☐ Change Addition NAME HAUGER, MARY K NAME STREET ADDRESS STREET ADDRESS 17046 73RD CT. N. -CITY-ST-ZIP LOXAHATCHEE FL 33470 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition BAKER, LAURA NAME 13422 77TH PLACE N STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33412 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 efficient 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.

FICER OF DIRECTOR

SIGNATURE:

FILED