2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000138916 1. Entity Name THE SHUTTER COMPANY, INC.



Principal Place of Business

17046 73RD CT. N. LOXAHATCHEE, FL 33470 Mailing Address

17046 73RD CT. N. LOXAHATCHEE, FL 33470 FILED Feb 02, 2005 08:00 AM Secretary of State



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01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0471592

Applied For Not Applicable

5. Certificate of Status Desired

T

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAUGER, PHILIP D 17046 73RD CT. N. LOXAHATCHEE, FL 33470

HAUGER, JEFFREY R

LOXAHATCHEE, FL 33470

LOXAHATCHEE, FL 33470

WEST PALM BEACH, FL 33412

17046 73RD CT. N.

HAUGER, MARY K

17046 73RD CT. N.

BAKER, LAURA

13422 77TH PLACE N

TS

TITLE

NAME STREET ADDRESS

TITLE NAME

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	named entity submits this statement for the pations of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familian	with, and accept	
SIGNATURE.							
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature				(golitatanes neriw beniupas	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution, Added to Fees		U00000211469 02/02/05-80120-011	158.75		
10. OFFICERS AND DIRECTORS				<u> </u>			
TITLE	P						
NAME	HAUGER, PHILIP D						
STREET ADDRESS	17046 73RD CT. N.						
CITY-ST-ZIP	LOXAHATCHEE, FL 33470						

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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: Bhica D. Bann	PHILLIP D. HAVEER	0//3//2005	561-750-4899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING O	FFICER OR DIRECTOR	Oato	Daytime Phone #