

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

**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**



01112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0471592**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**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

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, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	HAUGER, PHILIP D
STREET ADDRESS	17046 73RD CT. N.
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	V
NAME	HAUGER, JEFFREY R
STREET ADDRESS	17046 73RD CT. N.
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	TSD
NAME	HAUGER, MARY K
STREET ADDRESS	17046 73RD CT. N.
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	V
NAME	LECOMTE, MICHAEL J
STREET ADDRESS	2621 SE 10TH CT
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000892805  
04/23/08-80081-006 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:** *Philip D. Hauger* **PHILIP D. HAUGER** **4/9/08** **561-790-4899**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #