


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000075847 1. Entity Name FACTORY DIRECT SHUTTERS OF BREVARD, INC.	
-----------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 1226 CRICKET DRIVE NE PALM BAY, FL 32907	Mailing Address 1226 CRICKET DRIVE NE PALM BAY, FL 32907
------------------------------------------------------------------------------------	------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



02012007 No Chg-P CR2E034 (11/05)

4. FEI Number 42-1632064	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MCCOY, H. THOMAS
1226 CRICKET DRIVE NE
PALM BAY, FL 32907**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
-------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOY, H THOMAS 1226 CRICKET DRIVE NE PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOY, LINDA K 1226 CRICKET DRIVE NE PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000621339
02/12/07-80013-002 158.75

**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: Linda K. McCoy **LINDA K. MCCOY** 2-2-07 321-726-9555
VICE PRESIDENT Date Daytime Phone #