

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90012 006 ***150.00

DOCUMENT # P04000133603 1. Entity Name GULF BREEZE DOOR AND SHUTTER, INC.					
Principal Place of Business 647 NORTHEAST 25TH AVENUE #B CAPE CORAL, FL 33909			Mailing Address 4436 SOUTHWEST 14TH AVENUE CAPE CORAL, FL 33914		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 647 North East 25th Ave, B Suite, Apt. #, etc.			
City & State Zip		City & State CAPE CORAL, FLORIDA Zip 33909		Country USA	
4. FEI Number 04-3797542		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BANISTER, CRAIG 1725 SE 14TH TERR CAPE CORAL, FL 33990			7. Name and Address of New Registered Agent Name MAYNARD D. LAMBERT Street Address (P.O. Box Number is Not Acceptable) 3020 SANTA BARBARA BLVD. City CAPE CORAL FL Zip Code 33914		
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BANISTER, CRAIG <input checked="" type="checkbox"/> Delete 4436 SOUTHWEST 14TH AVENUE CAPE CORAL, FL 33914	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <input type="checkbox"/> Delete LAMBERT, MAYNARD D 3020 SANTA BARBARA BLVD CAPE CORAL, FL 33914	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LAMBERT, MAYNARD D. 3020 SANTA BARBARA BLVD CAPE CORAL FLORIDA 33914		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input checked="" type="checkbox"/> Delete BANISTER, LAURA 4436 SOUTHWEST 14TH AVENUE CAPE CORAL, FL 33914	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: MAYNARD D. LAMBERT 3/06 239-458-4201 (Signature and Typed or Printed Name of Signing Officer or Director)					