## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: X

## **Secretary of State** DOCUMENT # P04000135232 02-22-2005 90015 044 \*\*\*150.00 1. Entity Name ATLANTIC HURRICANE SHUTTERS, INC Principal Place of Business Mailing Address 528 EL VEDADO AVE 528 EL VEDADO AVE ORLANDO, FL 32807 US ORLANDO, FL 32807 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072005 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ~\_\_7.\_Name and Address of New Registered Agent \_\_ -- --6. Name and Address of Current Registered Agent == RODRIGUEZ, EDICER Street Address (P.O. Box Number is Not Acceptable) 220 FARRINGTON LANE KISSIMMEE, FL 34744 Zip Code City 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, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be \_Trust Fund Contribution. \_ Added to Fees -10. ( .-OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition RODRIGUEZ, EDICER NAME NAME STREET ADDRESS STREET ADDRESS 220 FARRINGTON LANE CITY-ST-ZIP KISSIMMEE, FL 34744 CITY-ST-ZIP TITLE Delete TITLE Change . ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete \_ TITLE TITLE ☐ Change ☐ Addition 197 192 NAME NAMÉ 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 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

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