


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90023 035 ***158.75

DOCUMENT # P04000140550

1. Entity Name
W D SHUTTER SHIELDS, INC.



Principal Place of Business
**1736 HUNTINGTON LANE
 ROCKLEDGE, FL 32955**

Mailing Address
**P.O. BOX 561454
 ROCKLEDGE, FL 32956**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc. **N/A**

3. Mailing Address
 Suite, Apt. #, etc. **N/A**

City & State **N/A**

City & State **N/A**

Zip Country

Zip Country

40000000



02052007 Chg-P CR2E034 (12/06)

4. FEI Number
30-0281039

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DRABICK, SUSAN M
 1736 HUNTINGTON LANE
 ROCKLEDGE, FL 32955**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
N/A

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	V DRABICK, MICHAEL L 894 BRUNSWICK LN ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 874 BRUNSWICK LANE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIEDMANN, HARRY C 6480 DALLAS AVE. PT. ST. JOHN, FL 32926 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Michael L. Drabick* **MICHAEL L. DRABICK** **4/4/07(321)631-3230**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #