


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 A
Secretary of State

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

DO NOT WRITE IN THIS SPACE



04042008 No Chg-P CR2E034 (11/05)

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

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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, 2008 Fee will be \$550.00

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

1000000389034
 04/22/08-80038-001 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DRABICK, MICHAEL 874 BRUNSWICK LANE ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIEDMANN, HARRY C 6480 DALLAS AVE. PT. ST. JOHN, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DRABICK, SUSAN M 874 BRUNSWICK LANE ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WIEDMAN, VICTORIA A 6480 DALLAS AVE PT. ST. JOHN, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 J. Drabick **4-7-2008** **321-631-3230**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #