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Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90045 017 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000055348

1. Entity Name
GULF-ATLANTIC SHUTTER COMPANY

Principal Place of Business	Mailing Address
6606 ELVA ST. MILTON, FL 32570	6606 ELVA ST MILTON, FL 32570

03032007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
6433 Old Hwy 90		6433 Old Hwy 90	
Suite, Apt. #, etc: # B		Suite, Apt. #, etc: # B	
City & State: Milton FL		City & State: Milton FL	
Zip: 32570	Country	Zip: 32570	Country

4. FEI Number: 20-2776029 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAJORS, MICHAEL S II 4500 BAYSIDE DR. MILTON, FL 32583	Name: Same Street Address (P.O. Box Number is Not Acceptable): 3174 South fork City: Pace FL Zip Code: 32571

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: X [signature] Michael Majors II 3-9-07

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	PVST MAJORS, MICHAEL S II 6433 OLD HIGHWAY 90 MILTON, FL 32570	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: X [signature] Michael Majors II X 3-9-07 X 850-626-4880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #