

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90387 027 ***150.00

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1. Entity Name
GUTTER SHUTTER FLORIDA, INC.



40057148



Principal Place of Business
11683 87TH ST. NO.
LARGO, FL 33773

Mailing Address
11683 87TH ST. NO.
LARGO, FL 33773

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
20-3353877

Applied For
Not Applicable

Zip

Country

Zip

Country

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

ANDERSON, HERB
11683 87TH ST. NO.
LARGO, FL 33773

Name Claudia Nieves
Street Address (P.O. Box Number is Not Acceptable)
18506 Kingbird Dr.
City Lutz FL Zip Code 33558

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, 2006 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 P ☒ Delete
NAME ANDERSON, HERB
STREET ADDRESS 11683 87TH ST. NO.
CITY-ST-ZIP LARGO, FL 33773

TITLE P ☐ Change ☒ Addition
NAME Claudia Nieves
STREET ADDRESS 18506 Kingbird Dr.
CITY-ST-ZIP Lutz, FL 33558

TITLE VP ☒ Delete
NAME CIRASUOLO, MICHAEL
STREET ADDRESS 11683 87TH ST. NO.
CITY-ST-ZIP LARGO, FL 33773

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Claudia Nieves

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/20/06 813
Daytime Phone # 477-9210