2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 11, 2006 8:00 am Secretary of State 04-17-2006 90406 045 ***150.00

NAME STREET ADDRESS CITY-ST-ZIP T'LE AUBREY, DONALD C 701 ENTRADA AVE. STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. Entity Name	MENT #P0500013 ND STORM SHUTTERS,					04-17-20	00 2040	J 043	130.00
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City & State Country Reported S. F. Hamber S. Conficer of States Desired S. Conficer of States Desired S. S. 75. Auditorial Five Reported Five Registered Agent 7. Name and Address of New Registered Agent None Steel Address (P.O. Box Number in Not Acceptable) SEERING, FL 33870 Sievel Address (P.O. Box Number in Not Acceptable) STONATURE City FL Zio Code	Cuita Ant	* ata	Coite Ant A str							
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Zip Country Zip Country Sip Country S. Conficted of Status Desired Status Operand	City & State City & State					4. FEI Number		·	- Ac	polied For
S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent WEEKS, JEFFREY S 2015 COVINGTON RD. SEBRING, FL 33870 Seek Address (P.O. Dax Number is Not Acceptable) 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 acceptable into obligations of registered agent. FILE NOWILI FEE IS \$150,00 After May 1, 2006 Fee will be \$550,00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE WEEKS, JEFFREY S 10th Same Address of Current Registered Agent are an Acceptable in the Address of Registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent. 9/OIT Registered Option requirement agent are an Acceptable in the obligations of registered agent. 9/OIT Registered Option requirement agent are an Acceptable in the Acceptable in the State of Florida. I am familiar with, and acceptable in the Option Registered agent. 9/OIT Registered Option requirement agent are an Acceptable in the Acceptable in the State of Florida. I am familiar with, and acceptable in the Option Registered agent. 10. OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS IN 11 10. OBJECT OFFICERS AND DIRECTORS IN 11 10. Object Int. 10. Objec	5.,, 2.5					51-	05563	554	———	<u> </u>
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Steel Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Rorda. Lam familiar with, and acceptable the obligators of registered agent, or both, in the State of Rorda. Lam familiar with, and acceptable the obligators of registered agent, or both, in the State of Rorda. Lam familiar with, and acceptable the obligators of registered agent, or both, in the State of Rorda. Lam familiar with, and acceptable the obligators of registered agent, or both, in the State of Rorda. Lam familiar with, and acceptable the obligators of registered agent, or both, in the State of Rorda. Lam familiar with, and acceptable the obligators of registered agent, or both, in the State of Rorda. Lam familiar with, and acceptable the obligators of registered agent, or both, in the State of Rorda. Lam familiar with, and acceptable the obligators of registered agent, or both, in the State of Rorda. Lam familiar with, and acceptable the proposed of the registered agent, or both, in the State of Rorda. Lam familiar with, and acceptable the proposed of Rorda. Lam familiar with, and acceptable the proposed of Rorda.	· -	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New F	Registered /	lgent	
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City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Porda. I am familiar with, and accelere obligations of registered agent. SIGNATURE SPEARA typed or princer or agreemed sport and day of application. INCIE Registered Agent spreams required agent and day of application. INCIE Registered Agent spreams required agent in the State of Porda. I am familiar with, and accelered agent, or both, in the State of Porda. I am familiar with, and accelered agent, or both, in the State of Porda. I am familiar with, and accelered agent. SIGNATURE: SIGNATURE Spreams typed or princer days of a day of agent and day of agent agent. INCIE Registered Agent spreams required agent, or both, in the State of Porda. I am familiar with, and accelered agent. INCIE Registered Agent spreams required agent, or both, in the State of Porda. I am familiar with, and accelered agent. INCIE Registered Agent spreams required agent, or both, in the State of Porda. I am familiar with, and accelered agent. INCIE Registered agent, or both, in the State of Porda. I am familiar with, and accelered agent. INCIE Registered agent, or both, in the State of Porda. I am familiar with, and accelered agent. INCIE Registered agent, or both, in the State of Porda. I am familiar with, and accelered agent. INCIE Registered agent, or both, in the State of Porda. I am familiar with, and accelered agent. INCIE Registered agent, or both, in the State of Porda. I am familiar with, and accelered agent. INCIE Registered agent, or both, in the State of Porda. I am familiar with, and accelered agent. INCIE Registered agent, or both, in the State of Porda. I am familiar with, and accelered agent. INCIE Registered agent, or both, in the State of Porda. I am familiar with, and accelered agent. INCIE Registered agent, or both, in the State of Porda. I am familiar with, and accelered agent. INCIE Registered agent, or both, in the State of Porda. I am familiar with and accel				L						
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SREET 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 ceth; 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 changed, or on an attachment with an address, with all other king empowered. SIGNATURE: Change Addition Ad	کند `		LJ De≀ete	name street					☐ Change	☐ Addition
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