2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000153608

1. Entity Name

THE SHUTTER WHOLESALER, INC.



FILED Mar 09, 2007 08:00 AM Secretary of State

Principal Place of Business

1214 NW 72ND AVE

MIAM, FL 33126 US

Mailing Address

1214 NW 72ND AVE MIAM, FL 33126



DO NOT WRITE IN THIS SPACE

03072007	No Chg-P	CR2E034 (11/05)

Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

DOLAN, CHRIS A 1214 NW 72ND AVE MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the p tions of registered agent.	purpose of changing its registered	office or r	egistered agent, or both	n, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered agent and title	Il applicable (NOTE Registered A	gent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	ng 📋	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		<u>-</u>	
THTLE NAME STREET ADDRESS CHY-S1-ZIP	P DOLAN, CHRIS A 1214 NW 72ND AVE MIAMI, FL 33126				
THILE NAME STREET ADDRESS CITY - ST - ZIP					000000660302 03/19/07-80020-012 150.0
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST+ZIP				IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					1
TITLE NAME					

12. Thereby ccritive that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. Hurther 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 eath; 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:

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR