

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90025 021 ***150.00

DOCUMENT # P05000163649

1. Entity Name

CENTRAL FLORIDA SHUTTERS, INC.



Principal Place of Business

14251 LAKE LIVE OAK DRIVE
ORLANDO FL 32828

Mailing Address

14251 LAKE LIVE OAK DRIVE
ORLANDO FL 32828



2. Principal Place of Business - No P.O. Box #

14074 Bradbury Rd
Suite, Apt. #, etc.

3. Mailing Address

14074 Bradbury Rd
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Orlando, Florida

City & State

Orlando, Florida

4. FEI Number

20-396-2636

Applied For

Not Applicable

Zip

32828

Country

USA

Zip

32828

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLETKA, DAVID
14251 LAKE LIVE OAK DRIVE
ORLANDO FL 32828

7. Name and Address of New Registered Agent

Name

Pletka, David

Street Address (P.O. Box Number is Not Acceptable)

14074 Bradbury Rd.

City

Orlando, Florida

FL

Zip Code

32828

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 fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

2/20/07

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME PLETKA, DAVID
STREET ADDRESS 14251 LAKE LIVE OAK DRIVE
CITY ST ZIP ORLANDO FL 32828 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/07 407-538-6219

Date

Daytime Phone #