


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P06000125526</b> 1. Entity Name <b>SOUTHERN SHUTTER SYSTEMS, INC</b>	
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Principal Place of Business <b>637 N.E. 27TH STREET POMPANO BEACH, FL 33064</b>	Mailing Address <b>637 N.E. 27TH STREET POMPANO BEACH, FL 33064</b>
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**DO NOT WRITE IN THIS SPACE**



03172008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>11-3791339</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MENNELLA, PAUL F 637 N.E. 27TH STREET POMPANO BEACH, FL 33064</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000874332 04/10/08-80115-010 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MENNELLA, PAUL F 637 N.E. 27TH STREET POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV MENNELLA, PAUL F 637 N.E. 27TH STREET POMPANO BEACH, FL 33064
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**DO NOT WRITE IN THIS SPACE**

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:** *Paul Menella* **3/26/08 954-682-7235**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone