

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000074147

**FILED**  
**Mar 31, 2009**  
**Secretary of State**

**Entity Name:** A PRO-STYLE WINDOW TINTING, INC

**Current Principal Place of Business:**

1318 N. 14TH STREET  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

1312 N. SHORE DRIVE  
LEESBURG, FL 34748

**New Mailing Address:**

1318 N 14TH STREET  
LEESBURG, FL 34748

**FEI Number:** 26-3130639

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GORDON, PATRICIA S  
5345 TWIN PALMS ROAD  
LEESBURG, FL 34731 US

**Name and Address of New Registered Agent:**

STOUFFER, SHAWN  
1318 N 14TH STREET  
LEESBURG, FL 34748 US

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.

SIGNATURE: SHAWN STOUFFER

03/31/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GORDON, PATRICIA S  
Address: 5345 TWIN PALMS ROAD  
City-St-Zip: FRUITLAND PARK, FL 34731

Title: VP (X) Delete  
Name: STOUFFER, SHAWN  
Address: 5345 TWIN PALMS ROAD  
City-St-Zip: FRUITLAND PARK, FL 34731

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: STOUFFER, SHAWN  
Address: 1318 N 14TH STREET  
City-St-Zip: LEESBURG, FL 34748

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAWN STOUFFER

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date