

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000076721

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: SHUTTER SERVICES AND SCREEN REPAIRS, INC.

## Current Principal Place of Business:

100 SE. 2ND ST.  
DELRAY BEACH, FL 33444 US

## New Principal Place of Business:

## Current Mailing Address:

100 SE. 2ND ST.  
DELRAY BEACH, FL 33444 US

## New Mailing Address:

FEI Number: 65-0456355      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TRICK, JR., WILLIAM W  
1216 E. ATLANTIC AVENUE  
POMPANO BEACH, FL 33062 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: FLANZBAUM, MICHAEL D  
Address: 4694 FRANCES DR  
City-St-Zip: DELRAY BEACH, FL 33445

Title: VP ( ) Delete  
Name: PUHLMAN, EDWARD B  
Address: 4327 APPIAN WAY  
City-St-Zip: GREEN ACRES, FL 33463

Title: VP (X) Delete  
Name: HORVATH, BARRY L  
Address: 5029 SANCERRE CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463

Title: DVP (X) Delete  
Name: BARNES FLANZBAUM, BONNIE L  
Address: 4694 FRANCES DR.  
City-St-Zip: DELRAY BEACH, FL 33445

Title: VP (X) Delete  
Name: GRIFFITHS, KENNETH W  
Address: 656 SW 4TH AVE  
City-St-Zip: BOYNTON BEACH, FL 33426

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVST (X) Change ( ) Addition  
Name: BARNES, BONNIE L  
Address: 4694 FRANCES DRIVE  
City-St-Zip: DELRAY BEACH, FL 33445

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

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

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: BONNIE L. BARNES

DVST

04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date