

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000040782	
1. Entity Name BEST SHUTTER COMPANY	

Principal Place of Business 1674 MAIN STREET, N.E. PALM BAY, FL 32905	Mailing Address 1674 MAIN STREET, N.E. PALM BAY, FL 32905
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02212006 No Chg-P CR-2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 60-3108620	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HENDERSON, FRED J. 1674 MAIN STREET, N.E. PALM BAY, FL 32905

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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 _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent's 2 name required when recording) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENDERSON, FRED J. 1674 MAIN STREET, NE PALM BAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS HENDERSON, LEILA J. 1674 MAIN STREET, NE PALM BAY, FL
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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: Fred J. Henderson Fred J. Henderson 2/22/06 321- 724-2820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE