

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000006481

1. Entity Name  
EXPERT SHUTTER SERVICES, INC.



**FILED**  
**Feb 17, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business

401 E. OSCEOLA ST., STE. 102  
STUART, FL 34994

Mailing Address

401 E. OSCEOLA ST., STE. 102  
STUART, FL 34994



02102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0582737

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOUGE, HOWARD E JR.  
401 E. OSCEOLA ST., STE. 102  
STUART, FL 34994

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HEISSENBERG, MICHAEL
STREET ADDRESS	1626 S.W. BILTMORE ST.
CITY - ST - ZIP	PORT ST. LUCIE, FL 34984
TITLE	D
NAME	HEISSENBERG, JAMIE
STREET ADDRESS	1626 S.W. BILTMORE ST.
CITY - ST - ZIP	PORT ST. LUCIE, FL 34984
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000233394  
02/17/05-80037-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Jamie Heissenberg*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jamie Heissenberg  
Director

Date

2/14/05

Daytime Phone #

(772)  
871-1915