2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 08:00 A
Secretary of State

DOCUMENT # P95000006481

1. Entity Name
EXPERT SHUTTER SERVICES, INC.

Principal Place of Business	Mailing Address
1626 SW BILTMORE ST. PORT ST LUCIE, FL 34984	401 E. OSCEOLA ST., STE 102 STUART, FL 34994

DO NOT WRITE IN THIS SPACE

012920071 No Chg-P CR2E034 (11/05)

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

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

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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: Jamie Heissenberg (same) 2/13/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	
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NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Jamie Heissenberg 2/13/07 (772) 871-1915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #