

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90281 010 ***150.00

DOCUMENT # P95000026918	
1. Entity Name SHUTTERS AND SHADES, INC.	

Principal Place of Business 1120 FERNLEA DRIVE W PALM BEACH FL 33417	Mailing Address 1120 FERNLEA DRIVE W PALM BEACH FL 33417
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 65-0572800	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
SZOLSCEK, JOHN J 1120 FERNLEA DRIVE W PALM BEACH FL 33417	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PVTD <input type="checkbox"/> Delete	NAME SZOLSCEK, JOHN J	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1120 FERNLEA DRIVE	CITY-ST-ZIP W PALM BEACH FL 33417	STREET ADDRESS	CITY-ST-ZIP
TITLE SDTD <input type="checkbox"/> Delete	NAME SZOLSCEK, PATRICIA A	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1120 FERNLEA DRIVE	CITY-ST-ZIP W PALM BEACH FL 33417	STREET ADDRESS	CITY-ST-ZIP
TITLE VD <input type="checkbox"/> Delete	NAME SHERMAN, MATTHEW G	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 864 WHIPPOORWILL ROD	CITY-ST-ZIP W PALM BEACH FL 33411	STREET ADDRESS	CITY-ST-ZIP
TITLE VD <input type="checkbox"/> Delete	NAME SHERMAN, CAROL B	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 864 WHIPPOORWILL ROD	CITY-ST-ZIP W PALM BEACH FL 33411	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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: *John J Szolscek* **4-6-04** **561-478-2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #