


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000026948
 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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DO NOT WRITE IN THIS SPACE



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0572800	Applied For 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

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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 _____ (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

UD00000307934
 04/15/05 80074 816 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD SZOLSCEK, JOHN J 1120 FERNLEA DRIVE W PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDTD SZOLSCEK, PATRICIA A 1120 FERNLEA DRIVE W PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHERMAN, MATTHEW G 864 WHIPPOORWILL ROD W PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHERMAN, CAROL B 864 WHIPPOORWILL ROD W PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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 4-12-05 561-478-2002
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #