


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



01272006 No Chg-F CR2E034 (11/05)

4. FEI Number  
**65-0572800** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SZOLSCEK, JOHN J  
 1120 FERNLEA DRIVE  
 W PALM BEACH, FL 33417**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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**

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	

**DO NOT WRITE IN THIS SPACE**

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 04/29/06-80053-012 150.00

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: John J. Szolscek - John J. Szolscek 4/13/06 561 478-2002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #