


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 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	



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 _____ 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	PVTD
NAME	SZOLSCEK, JOHN J
STREET ADDRESS	1120 FERNLEA DRIVE
CITY-ST-ZIP	W PALM BEACH, FL 33417
TITLE	SDTD
NAME	SZOLSCEK, PATRICIA A
STREET ADDRESS	1120 FERNLEA DRIVE
CITY-ST-ZIP	W PALM BEACH, FL 33417
TITLE	VD
NAME	SHERMAN, MATTHEW G
STREET ADDRESS	864 WHIPPOORWILL ROD
CITY-ST-ZIP	W PALM BEACH, FL 33411
TITLE	VD
NAME	SHERMAN, CAROL B
STREET ADDRESS	864 WHIPPOORWILL ROD
CITY-ST-ZIP	W PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/21/08-80070-022 150.00

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 4/25/08 561-478-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #