## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

## FILED Jan 27, 2005 08:00 AN Secretary of State

| DOCH  | MENT # DOSOCOSS1   | THE ST   | 7                                  |                         | Secretar             | y of St                                   |             |
|---|--|--|------------------------------------|-------------------------|----------------------|---|-------------|
| DOCUMENT # P95000055145  1. Enlity Name HOBE SOUND ALUMINUM & SHUTTER, INC.   |  |  |                                    |                         |                      |   |             |
| 10810 SE D  | IXIE HWY   | Mailing Address  10810 SE DIXIE HWY                                      |                                    |                         |                      |   |             |
| HODE SOON   | D, FL 33455  | HOBE SOUND, FL 33455   |                                    |                         |                      |   |             |
| C   | OO NOT WRITE I   | CE   | 01242005<br>4. FEI Numbe<br>65-059 | No Chg-P                | <del></del>          | pplied For<br>lot Applicable<br>Iditional |             |
| 6. Name and Address of Current Registered Agent GEMME, KATHLEEN 10360 JUPITER NARROWS DR HOBE SOUND, FL 33455   |  |  | DO NOT WRITE<br>IN THIS SPACE      |                         |                      |   |             |
| 8. The above named enlity 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  Signature typed or printed name of registered agent and title if applicable. (NOTE Registered Agent agnature required when reinstating)  DATE |  |  |                                    |                         |                      |   |             |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution   |  |  |                                    | 00 May Be<br>ed to Fees |                      |   |             |
| 10. OFFICERS AND DIRECTORS  |  |  |                                    |                         |                      |   |             |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP   | P<br>GEMME, KATHLEEN<br>10360 SE JUPITER NARROWS DRIVE<br>HOBE SOUND, FL   |  |                                    |                         | U00000<br>01/28/05-  | )200812<br>-80042-023 15                  | 50 NA       |
| TITLE NAME STREET ADDRESS CITY ST-ZIP   |  |  |                                    |                         |                      |   |             |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP   |  |  |                                    | DO                      | NOT W                | RITE                                      |             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP  |  |  |                                    | IN 7                    | THIS SF              | PACE                                      |             |
| TITLE<br>NAME<br>STREET ADURESS<br>CITY ST-ZIP  |  |  |                                    |                         |                      |   |             |
| THILE NAME STREET ADDRESS CITY - ST-ZIP   |  |  |                                    |                         |                      |   |             |
| indicated<br>of the corp  | erlify that the information supplied with this<br>on this report or supplemental report is true<br>portation or the receiver or trustee empower<br>or on an attachment with an aggress, with a | and accurate and that my signate<br>ed to execute this report as require | ure shall have the s               | ame legal effect        | t as if made under o | ath, that I am an office                  | or director |