


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90324 016 ***150.00

DOCUMENT # P98000035823	
1. Entity Name PROSHUTTERS, INC.	

Principal Place of Business 2238 HEMINGWAY DR STE E FORT MYERS, FL 33912	Mailing Address 2238 HEMINGWAY DR STE E FORT MYERS, FL 33912
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50010211



03062006 Chg-P CR2E034 (11/05)

2. Principal Place of Business 5719 Zip Drive Suite, Apt. #, etc. #2	3. Mailing Address 5719 Zip Drive Suite, Apt. #, etc. #2
City & State Ft Myers, Florida	City & State Ft Myers, Florida
Zip 33905	Country USA

4. FEI Number 65-0830052	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 JOHNSON, GARY L 5104 LEXINGTON BLVD. FORT MYERS, FL 33919	
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7. Name and Address of New Registered Agent Name Theresa Balzarini Street Address (P.O. Box Number is Not Acceptable) 11531 Lake Cypress Loop City Ft Myers FL Zip Code 33913	
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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 **4-6-06**
(NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES JOHNSON, GARY L 5104 LEXINGTON BLVD FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Balzarini, Theresa 11531 Lake Cypress Loop Ft Myers, FL 33913 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  DATE **4-6-06** DAYTIME PHONE # **239-939-5200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR