


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 30, 2004 8:00 am
Secretary of State

06-30-2004 90002 006 ***150.00

DOCUMENT # P99000043896	
1. Entity Name AAA SHUTTERS SALES & SERVICE, INC.	

Principal Place of Business 3100 S. CONGRESS AVENUE, #7 BOYNTON BEACH FL 33426	Mailing Address 3100 S. CONGRESS AVENUE, #7 BOYNTON BEACH FL 33426
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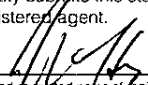
2. Principal Place of Business 112 Commerce rd	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Boynton Beach FL	City & State
Zip 33426	Country United States

4. FEI Number 65-0913556	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 HOWEN, JUSTIN 3100 S CONGRESS AVE STE 7 BOYNTON BEACH FL 33426	
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7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 112 Commerce rd City Boynton Beach State FL Zip Code 33426	
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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 6-15-04

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	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	PD HOWEN, JUSTIN 3100 S CONGRESS AVE STE 7 BOYNTON BEACH FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PROXY Justin Howen 112 Commerce rd Boynton Beach FL 33426 <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 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.	
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SIGNATURE:  **Justin Howen President** **6-15-04** **561-856-5081**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #