

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000065133

FILED
Apr 14, 2005
Secretary of State

Entity Name: GOLD COAST HURRICANE SHUTTERS INC.

Current Principal Place of Business:

5900 SW 44TH STREET
DAVIE, FL 33314 US

New Principal Place of Business:

5900 SW 43TH STREET
DAVIE, FL 33314 US

Current Mailing Address:

5900 SW 44TH STREET
DAVIE, FL 33314 US

New Mailing Address:

5900 SW 43TH STREET
DAVIE, FL 33314 US

FEI Number: 65-0945394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOPER, MICHAEL
11681 SW 3RD STREET
PLANTATION, FL 33325 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COOPER, MICHAEL
Address: 11681 SW 3RD STREET
City-St-Zip: PLANTATION, FL 33325

Title: T () Delete
Name: COOPER, ASHLEY
Address: 11681 SW 3RD STREET
City-St-Zip: PLANTATION, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL COOPER

D

04/14/2005

Electronic Signature of Signing Officer or Director

Date