2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P9900090278 1. Entity Name				Mar 01, 2004 08:00 AM Secretary of State
SHUTTER CUTTERS, INC.				
Principal Place of Business Mailing Address				
2310 HUNTER LN. 2310 HUNTER LN. MALABAR FL 32950 MALABAR FL 32950				
2. Principal Place of Business		3. Mailing Address	-	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)
City & State		City & State		4. FEI Number 59-3602742 Applied For
Zip	Country	Zip	Country	5 Cadilinate of Status Decired
	6. Name and Address of Curr	ent Registered Agent		7. Name and Address of New Registered Agent
0075 1111117			Name	
COTE, WAYNE E 2310 HUNTER LN.			Street Address	s (P.O. Box Number is Not Acceptable)
MALABAR FL 32950				
{ 			City	Zip Code
B. The above the obliga	e named entity submits this statementations of registered agent.	nt for the purpose of changing its re	egistered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE		<u> </u>	4.	<u> 24 </u>
	Signature, typed or printed name of registored a	gent and title if applicable. (NOTE.	Registered Agent signature requi	rred when reinstating) DAYE
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2004 Fee will be \$550. Ik Payable to Florida Departmen			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.		ND DIRECTORS	111.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	D COTE, WAYNE E	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-2IP	1		STREET ADDRESS CITY-ST-ZIP	
TITLE	D	☐ Delete	BILE	U00000071830 ☐ Change ☐ Addition 03/01/04-80030-001 150.00
NAME STREET ADORESS	COTE, KATHY L 2310 HUNTER LN.		name Street address	U3/U1/U8-8UU3U-UU1 15U.UU
CITY-ST-ZIP	MALABAR FL 32950		CITY-ST-ZIP	
TILE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	HOMERY, ALEX 2310 HUNTER LN.		NAME SIREET ADDRESS	
CITY-ST-ZIP	MALABAR FL 32950		CITY-ST-ZIP	
TITLE NAME		☐ Delete	RILE	☐ Change ☐ Addition
STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	112TE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET AODRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
THE		☐ Delete	ग्राध्य	☐ Change ☐ Addition
MAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-78P			CITY_ST_7IP	

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 cath, 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:

266/04 (321)676-0972

FILED

2/26/04 (321)676-0972