
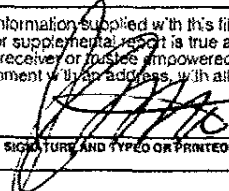


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 19, 2005 08:00 AM
Secretary of State**

DOCUMENT # S72311 1. Entity Name THE PLANTATION SHUTTER COMPANY		
Principal Place of Business 1089 ATLANTIC BLVDS. #3 ATLANTIC BEACH, FL 32233	Mailing Address 1089 ATLANTIC BLVDS. #3 ATLANTIC BEACH, FL 32233	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent STREAMO, J.F. 1089 ATLANTIC BLVD #3 ATLANTIC BEACH, FL 32233		DO NOT WRITE IN THIS SPACE
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: _____ <small>Signature is typed or printed name of registered agent and the filer, if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE: _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000315989 04/19/05-80057-009 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STREAMO, JOHN F. 1089 ATLANTIC BLVD #3 ATLANTIC BEACH, FL 32233	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u> J F Streamo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



03282005 No Chg-P CR2E034 (10/03)

4. FCI Number 59-3086882	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required