

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # S83236

1. Entity Name
RED OAKS SHUTTER, INC.



Principal Place of Business
221 SW 5 COURT
POMPANO BEACH, FL 33060 US

Mailing Address
221 SW 5 COURT
POMPANO BEACH, FL 33060 US



03022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0292212

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DICRESCENZO, ANGELA
3170 N. FEDERAL HWY #103C
LIGHTHOUSE, FL 33064

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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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U00000254842

03/07/05-90099-014 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BARBOUR, DAVID R.
STREET ADDRESS 281 SE 8TH COURT
CITY-ST-ZIP POMPANO BEACH, FL

TITLE VPS
NAME BARBOUR, SUSAN
STREET ADDRESS 281 SE 8TH COURT
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____