


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000070769**  
 1. Entity Name  
**JCR SCREEN REPAIR & SERVICE, INC.**



Principal Place of Business <b>419 QUAIL DRIVE MARCO ISLAND, FL 34145</b>	Mailing Address <b>419 QUAIL DRIVE MARCO ISLAND, FL 34145</b>
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**DO NOT WRITE IN THIS SPACE**



05172004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3736888</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**RICHART, JEFFREY  
 419 QUAIL DRIVE  
 MARCO ISLAND, FL 34145**

**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: Jeff Richard **JEFF RICHART** 5-1-04  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00  
 Due by September 8, 2004**

**9. Election Campaign Financing Trust Fund Contribution.**  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS RICHART, JEFFREY 419 QUAIL DRIVE MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT RICHART, LISA 419 QUAIL DRIVE MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(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 full or like empowered.**

SIGNATURE: Jeff Richard **JEFF RICHART** 5-1-04 239-293-7376  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #