2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 25, 2004 8:00 am Secretary of State DOCUMENT # P03000135921 1. Entity Name 08-25-2004 90005 028 ***150.00 DISCOUNT SCREEN SERVICE, INC. Principal Place of Business Mailing Address 2252 LAKE FOREST AVENUE 2252 LAKE FOREST AVENUE SPRING HILL FL 34609 SPRING HILL FL 34609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) City & State Applied For City & State 4. FEI Number 20.04058 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANE, JOHN A JR. Street Address (P.O. Box Number is Not Acceptable) 2252 LAKE FOREST AVENUE SPRING HILL FL 34609 Zip Code FL 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 \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PSTD ☐ Delete TITLE ☐ Change Addition LANE, JOHN A JR. NAME NAME 2252 LAKE FOREST AVENUE STREET ADDRESS STREET ADDRESS SPRING HILL FL 34609 CITY-ST-ZIP CITY-ST-ZIP Delete TATLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 empowared 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Daytime Phone #

FRANK FONZO, C.P.A.

Certified Public Accountant 12593 Spring Hill Dr. Spring Hill, FL 34609 352-686-5774

August 18, 2004

Division of Corporations Annual Report Section P. O. Box 6850 Tallahassee, Fl. 32314

Re: Discount Screen Services, Inc.

DOC#P03000135921

I.D. # 20-0405836

Corporate Annual Report

Sirs:

Attached please find a completed Annual Report and a check for \$150.00 to pay the annual fee. Please waive the penalty charge for the following reasons:

- 1.) Corporate officer was not informed of this requirement by his previous accountant and had no knowledge of it.
- 2.) Officer did not receive the postcard earlier this year.
- 3.) Officer has neither access nor knowledge of computers and the Internet.

Please advise.

Sincerely.

Frank Fonzo

Certified Public Accountant

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