2006 FOR PROFIT CORPORATION ANNUAL REPORT

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May 02, 2006 8:00 am
Secretary of State
05-02-2006 90193 027 ***150.00

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02252006 Chg-P CR2E034 (11/05)

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1. Entity Name
FLORIDA SCREEN ROOM REPAIR, INC.

Principal Place of Business	Mailing Address
2900 CITRUS DRIVE EDGEWATER, FL 32141	144 N SECOND ST OAK HILL, FL 32759

2. Principal Place of Business		3. Mailing Address	
		2900 Citrus Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Edgewater, FL	
Zip	Country	Zip: 32141	Country: USA

4. FEI Number: 20-0440090 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEVENS, BRIAN J 144 N SECOND ST OAK HILL, FL 32759	Name: Stevens, Brian J Street Address (P.O. Box Number is Not Acceptable): 2900 Citrus Drive City: Edgewater FL Zip Code: 32141

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 ______________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEVENS, BRIAN J 144 N SECOND ST OAK HILL, FL 32759	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Stevens, Brian J. 2900 Citrus Drive Edgewater, FL 32141	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT THOMPSON, VERNON 445 RIVER DRIVE OAK HILL, FL 32759	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Thompson, Vernon 175 West Loop Oak Hill, FL 32759	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] 5-1-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #