

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000011864

FILED
Jan 16, 2007
Secretary of State

Entity Name: CHARLES MCENTEE'S RESCREENING & REPAIRS INC.

Current Principal Place of Business:

1779 S.E. ELKHART TERRACE
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

108 SE NARANJA AVE
PORT ST. LUCIE, FL 34983

Current Mailing Address:

1779 S.E. ELKHART TERRACE
PORT ST. LUCIE, FL 34952

New Mailing Address:

108 SE NARANJA AVE
PORT ST. LUCIE, FL 34983

FEI Number: 52-2449867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCENTEE, CHARLES
1779 S.E. ELKHART TERRACE
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

MCENTEE, CHARLES
108 SE NARANJA AVE
PORT ST. LUCIE, FL 34983 US

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.

SIGNATURE: CHARLES V. MCENTEE

01/16/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCENTEE, CHARLES
Address: 1779 S.E. ELKHART TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCENTEE, CHARLES
Address: 108 SE NARANJA AVE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: SEC () Change (X) Addition
Name: LOVOI, SHANNON M
Address: 108 SE NARANJA AVE
City-St-Zip: PORT ST. LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANNON M. LOVOI

SEC

01/16/2007

Electronic Signature of Signing Officer or Director

Date