


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2006 08:00 AM
Secretary of State

DOCUMENT # S27692		
1. Entity Name SECURITY SCREENS OF FT. MYERS, INC.		
Principal Place of Business 6901 ST. EDMUNDS LOOP FORT MYERS, FL 33912	Mailing Address 6901 ST. EDMUNDS LOOP FT. MYERS, FL 33912	



06102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0247179	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, MARIE
 6901 ST. EDMUNDS LOOP
 FORT MYERS, FL 33912

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 _____ (NOTE Registered Agent signature required when reappointing)

U00000567442
 06/21/06 20062-005 150.00
 DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, MARIE 6901 ST. EDMUNDS LOOP FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, MICHAEL C 6901 ST. EDMUNDS LOOP FORT MYERS, FL 33912
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____