


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90019 040 ***150.00

DOCUMENT # P95000070471 1. Entity Name K C SCREEN, INC.			
Principal Place of Business 2200 FORSETH RD. SUITE B-18 ORLANDO, FL 32807		Mailing Address 2200 FORSETH RD. SUITE B-18 ORLANDO, FL 32807	
2. Principal Place of Business 1705 Evans St Suite, Apt. #, etc.		3. Mailing Address 1705 Evans St. Suite, Apt. #, etc.	
City & State Oviedo, FL Zip 32765 Country US		City & State Oviedo, FL B/M Zip 32765 Country US.	
4. FEI Number 59-3340013		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERSON, CARL M 2200 FORSYTH RD SUITE B-18 ORLANDO, FL 32807		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD ANDERSON, CARL M 2200 FORSYTH RD., SUITE B-18 ORLANDO, FL 32807	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Anderson, CARL M 1705 Evans St Oviedo, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDERSON, KIMBERLY M 2200 FORSYTH RD., SUITE B-18 ORLANDO, FL 32807	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Anderson, Kimberly M. 1705 Evans St Oviedo, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.			
SIGNATURE: <i>Carl M Anderson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		# President 1/13/2004 407-977-9636 <small>Date Daytime Phone #</small>	

RECEIVED JAN 23 2004
STATE OF FLORIDA SECRETARY OF STATE