


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90012 044 ***550.00

| | | | | | |
|---|------------------------------------|--|--|---|--|
| DOCUMENT # F99000002334 | | | |  | |
| 1. Entity Name SCREENING SYSTEMS, INC. OF CALIFORNIA | | | | | |
| Principal Place of Business 7 ARGONAUT ALISO VIEJO, CA 92656 | | Mailing Address 7 ARGONAUT ALISO VIEJO, CA 92656 | | | |
| 2. Principal Place of Business 2 ENTERPRISE Suite, Apt. #, etc. | | 3. Mailing Address 2 ENTERPRISE Suite, Apt. #, etc. | | | |
| City & State ALISO VIEJO, CA | | City & State ALISO VIEJO, CA | | 4. FEI Number 95-3394616 | |
| Zip 92656 | Country USA | Zip 92656 | Country USA | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 | | 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 | CD <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BAKER, BETTY A | NAME | 2 ENTERPRISE | | |
| STREET ADDRESS | 7 ARGONAUT | STREET ADDRESS | | | |
| CITY-ST-ZIP | ALISO VIEJO, CA 92656 | CITY-ST-ZIP | | | |
| TITLE | PD <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BAKER, SUSAN L | NAME | 2 ENTERPRISE | | |
| STREET ADDRESS | 7 ARGONAUT | STREET ADDRESS | | | |
| CITY-ST-ZIP | ALISO VIEJO, CA 92656 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BAKER, PETER D | NAME | 2 ENTERPRISE | | |
| STREET ADDRESS | 7 ARGONAUT | STREET ADDRESS | | | |
| CITY-ST-ZIP | ALISO VIEJO, CA 92656 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | RING, WILLIAM C | NAME | | | |
| STREET ADDRESS | 2845 E. COAST HWY. | STREET ADDRESS | | | |
| CITY-ST-ZIP | CORONA DEL MAR, CA 92625 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | STELLING, HENRY B JR. | NAME | | | |
| STREET ADDRESS | 637 S. PATHFINDER | STREET ADDRESS | | | |
| CITY-ST-ZIP | ANAHEIM HILLS, CA 92807 | CITY-ST-ZIP | | | |
| TITLE | SD <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BAKER, LUCY A | NAME | 2 ENTERPRISE | | |
| STREET ADDRESS | 7 ARGONAUT | STREET ADDRESS | | | |
| CITY-ST-ZIP | ALISO VIEJO, CA 92656 | 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 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: _____ | | Date: 8/11/04 | | Daytime Phone #: 949-330-7460 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: SUSAN L BAKER, PRESIDENT | | | | | |

44051806



08122004 Chg-P CR2E034 (10/03)