

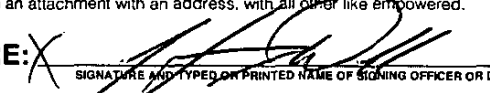


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90033 023 \*\*\*150.00

<b>DOCUMENT # P0000098031</b> 1. Entity Name <b>SCREEN MAINTENANCE SERVICES INC.</b>			
Principal Place of Business <b>920 EAST 124TH AVENUE SUITE D TAMPA, FL 33612</b>		Mailing Address <b>P O BOX 17334 TAMPA, FL 33682</b>	
2. Principal Place of Business <b>13215 N. Nebraska Ave</b>		3. Mailing Address <b>Suite, Apt. #, etc. Suite #D</b>	
Suite, Apt. #, etc. <b>Suite #D</b>		Suite, Apt. #, etc. <b>Suite #D</b>	
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>	
Zip <b>33612</b>		Country <b>11111 borough</b>	
4. FEI Number <b>59-3674777</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ANDERSON BUSINESS SERVICES INC 11211 N. NEBRASKA AVENUE SUITE A-7 TAMPA, FL 33612</b>		7. Name and Address of New Registered Agent Name <b>Anderson Business Services, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1332 W. Fletcher Ave.</b> City <b>Tampa</b> FL <b>33612</b>	
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: <b>1/10/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DPST DOLL, HENRY P 507 SOVEREIGN COURT TAMPA, FL 33613</b>	<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
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: 		Date <b>01-10-05</b> Daytime Phone #	