2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 12, 2007 8:00 am Secretary of State **DOCUMENT # P04000013249** 03-12-2007 90083 042 ***150.00 1. Entity Name SCREENMAN OF HERNANDO, INC. Principal Place of Business Mailing Address 40035200 3521 COMMERCIAL WAY 3521 COMMERCIAL WAY SPRING HILL, FL 34606 SPRING HILL, FL 34606 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 02072007 Cha-P 4. FEI Number Applied For City & State City & State 20-0657527 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ARNOLD, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 3521 COMMERCIAL WAY SPRING HILL, FL 34606 Zip Code City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. PSTD ☐ Change ☐ Addition TITLE Delete TITLE ARNOLD, RICHARD L NAME NAME 3521 COMMERCIAL WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34606 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE BAUGHMAN, JOHN NAME NAME 3521 COMMERCIAL WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPRING HILL, FL 34606 TITLE ☐ Change ■ Addition ☐ Delete TITLE MARLOW, DENNIS J NAME NAME STREET ADDRESS 3521 COMMERCIAL WAY STREET ADDRESS SPRING HILL, FL 34606 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 of 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 of the corporation or the rece changed, or on an attachmer an address, with all other like empowered.

RICHARD ARNOLD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING O

FILED

Daytime Phone #