## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 29, 2004 08:00 AM Secretary of State 000000000000633962 1. Entity Name CENTRAL ALUMINUM SCREEN SERVICES, INC. Principal Place of Business Mailing Address 701 CORNWALL RD 701 CORNWELL RD SANFORD, FL 32773 SANFORD, FL 32773 US 04272004 0 000 0000 0 0 000 000 000 000 00 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1963441 Not Applicable **\$8.75** 0000000 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SMITH, ELMER C. DO NOT WRITE 701 CORWALL ROAD (BUSINESS) 5974 FEATHER (HOME) IN THIS SPACE SANFORD, FL 32773 3. 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 a names FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE SMITH, ELMER C SR NAME STREET ADDRESS 5974 FEATHER LANE SANFORD, FLORIDA 32771, CITY-ST-ZIP TREPRETARION TO A STREET (4/24/34-30104-004-158,75 SMITH, CAROL ANN NAME STREET ADDRESS 5974 FEATHER LANE CITY-ST-ZIP SANFORD, FLORIDA 32771, TITLE SMITH, CAROL ANN NAME STREET ADDRESS. 5974 FEATHER LANE DO NOT WRITE CITY-ST-ZIP SANFORD, FL IN THIS SPACE TITLE NAME SMITH, ELMER CORTEZ JR. STREET ADDRESS 5974 FEATHER LANE CITY-ST-ZIP SANFORD, FL NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS 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 logal 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 expowe

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