

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90418 038 ***158.75

DOCUMENT # 633962

1. Entity Name
CENTRAL ALUMINUM SCREEN SERVICES, INC.



Principal Place of Business
701 CORNWALL RD
SANFORD, FL 32773 US

Mailing Address
701 CORNWALL RD
SANFORD, FL 32773 US

DO NOT WRITE IN THIS SPACE



04022007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1963441

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

SMITH, ELMER C.
701 CORNWALL ROAD (BUSINESS)
5974 FEATHER (HOME)
SANFORD, FL 32773

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
SMITH, ELMER
5974 FEATHER LANE
SANFORD, FLORIDA 32771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MCMAHON, TIM
701 CORNWALL RD
SANFORD, FL 32773

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SMITH, CORY
5974 FEATHER LANE
SANFORD, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy D. McMahon 4/2/07

UP

Date

Daytime Phone #