

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F90000**

1. Entity Name  
**SCREENCO, INC.**



Principal Place of Business

**1575 CATTLEMAN RD  
UNIT 2  
SARASOTA, FL 34232 US**

Mailing Address

**1575 CATTLEMAN RD  
UNIT 2  
SARASOTA, FL 34232 US**



03042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2205709**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LEWIS, KURT F  
6624 GATEWAY AVENUE  
SARASOTA, FL 34231**

**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 reinstating)

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

**000000676821  
03/30/07-80076-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MEYER, JOHN P JR
STREET ADDRESS	1702 JEWEL DR
CITY- ST- ZIP	SARASOTA, FL 342408789
TITLE	DST
NAME	ROBESON, LYNN A
STREET ADDRESS	3581 SHAMROCK DR
CITY- ST- ZIP	VENICE, FL 34293
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: LYNN A ROBESON** *Lynn A. Robeson Sec. Head 319107941-371-2877*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #