

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90012 044 ***550.00

DOCUMENT # F99000002334

1. Entity Name
SCREENING SYSTEMS, INC. OF CALIFORNIA



Principal Place of Business
**7 ARGONAUT
ALISO VIEJO, CA 92656**

Mailing Address
**7 ARGONAUT
ALISO VIEJO, CA 92656**

44051806

2. Principal Place of Business
2 ENTERPRISE
Suite, Apt. #, etc.

3. Mailing Address
2 ENTERPRISE
Suite, Apt. #, etc.

08122004 Chg-P CR2E034 (10/03)



City & State
ALISO VIEJO, CA
Zip **92656** Country **USA**

City & State
ALISO VIEJO, CA
Zip **92656** Country **USA**

4. FEI Number
95-3394616
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 \$550.00
Due by September 8, 2004**

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	CD BAKER, BETTY A 7 ARGONAUT ALISO VIEJO, CA 92656	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAKER, SUSAN L 7 ARGONAUT ALISO VIEJO, CA 92656	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, PETER D 7 ARGONAUT ALISO VIEJO, CA 92656	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RING, WILLIAM C 2845 E. COAST HWY. CORONA DEL MAR, CA 92625	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STELLING, HENRY B JR. 637 S. PATHFINDER ANAHEIM HILLS, CA 92807	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAKER, LUCY A 7 ARGONAUT ALISO VIEJO, CA 92656	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 ENTERPRISE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 ENTERPRISE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 ENTERPRISE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 ENTERPRISE	<input checked="" 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: SUSAN L BAKER, PRESIDENT 8/11/04 949-330-7460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #