

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91251 012 ***150.00

DOCUMENT # J73831 1. Entity Name FLORIDA SCREEN SERVICES, INC.			
Principal Place of Business 869 WATERWAY PLACE LONGWOOD, FL 32750		Mailing Address 869 WATERWAY PLACE LONGWOOD, FL 32750	
2. Principal Place of Business 805 W. CENTRAL BLVD Suite, Apt. #, etc.		3. Mailing Address 805 W. CENTRAL BLVD Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32805		Zip 32805	
Country USA		Country USA	
4. FEI Number 59-2817240		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADKINS, GILBERT E. 869 WATERWAY PL. LONGWOOD, FL 32750		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 805 W. CENTRAL BLVD. City ORLANDO FL Zip Code 32805	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete NAME ADKINS, GILBERT E. STREET ADDRESS 8410 RAMBLING RIVER RD. CITY-ST-ZIP SANFORD, FL 32771	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE SD <input type="checkbox"/> Delete NAME ADKINS, LINDA S. STREET ADDRESS 8410 RAMBLING RIVER RD. CITY-ST-ZIP SANFORD, FL 32771	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STD NAME STREET ADDRESS CITY-ST-ZIP		
TITLE V <input type="checkbox"/> Delete NAME ADKINS, STEPHEN D STREET ADDRESS 162 SUNSET DRIVE CITY-ST-ZIP LONGWOOD, FL 32750	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE T <input checked="" type="checkbox"/> Delete NAME ADKINS, HEATHER K STREET ADDRESS 162 SUNSET DRIVE CITY-ST-ZIP LONGWOOD, FL 32750	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Linda Adkins</u> LINDA ADKINS <u>4/30/04</u> <u>407/316-0466</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			