

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # K33790

1. Entity Name
JAYCO SCREENS, INC.



Principal Place of Business
9131 HWY 98 W
PENSACOLA, FL 32506 US

Mailing Address
P.O. BOX 36214
9131 HWY 98W
PENSACOLA, FL 32516 US



DO NOT WRITE IN THIS SPACE

03102005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2910732

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, JOYCE
9131 HWY 98 W.
PENSACOLA, FL 32506

**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, 2005 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
P
JOHNSON, JOYCE F.
HWY 98 WEST
PENSACOLA, FL 32506

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
DAUGHERITY, BROOK
9129 HWY 98 W
PENSACOLA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
FULLER, RHONDA
P.O. BOX 805, 16250 COUNTRY RD.
ELBERTA, AL 36530

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ADAMS, WILLIAM L
HWY. 98 W
PENSACOLA, FL 32506

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000305621
04/14/05-80093-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Rhonda Fuller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-05 850-456-0623

Date

Daytime Phone #