

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90159 047 \*\*\*\*50.00

**DOCUMENT # L03000052792**

**1. Entity Name**

**GEORGE STRATFORD RESCREENING, LLC**



**Principal Place of Business**

**3724 EASY STREET  
PORT CHARLOTTE FL 33952**

**Mailing Address**

**PO BOX 380611  
MURDOCK FL 33938**

**34003433**



**MOORE**

**CR2E083 (11/03)**

**2. Principal Place of Business**

**3. Mailing Address**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**

**City & State**

**Zip**

**Country**

**Zip**

**Country**

**4. FEI Number**

**81-0647780**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**STRATFORD, GEORGE T JR  
3724 EASY STREET  
PORT CHARLOTTE FL 33952**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

**TITLE** **MGRM** ☐ Delete  
**NAME** **STRATFORD, GEORGE T JR**  
**STREET ADDRESS** **PO BOX 380611**  
**CITY-ST-ZIP** **MURDOCK FL 33938**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**3-20-04-9413807985**

Form **SS-4**  
(Rev. December 2001)**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, Indian tribal entities, certain individuals, and others.)Department of the Treasury  
Internal Revenue Service

▶ See separate instructions for each line.

▶ Keep a copy for your records.

EIN **81-0647786**

OMB No. 1545-0003

1 Legal name of entity (or individual) for whom the EIN is being requested.  
**GEORGE STRATFORD RESCREENING, LLC**

2 Trade name of business (if different from name on line 1) \_\_\_\_\_ 3 Executor, trustee, "care of" name \_\_\_\_\_

4a Mailing address (room, apt., suite no. & street, or P.O. box)  
**P.O. Box 880611** 5a Street address (if different) (Do not enter a P.O. box.)  
**3724 EAST STREET**

4b City, state, and ZIP code  
**MURDOCK, FL 33938** 5b City, state, and ZIP code  
**PORT CHARLOTTE, FL 33752**

6 County and state where principal business is located  
**CHARLOTTE Co., FL**

7a Name of principal officer, general partner, grantor, owner, or trustor  
**GEORGE T. STRATFORD, JR.** 7b SSN, ITIN, or EIN  
**272-52-2884**

8a Type of entity (check only one box)

|   |  |
|---|--|
| <input type="checkbox"/> Sole proprietor (SSN) _____                                  | <input type="checkbox"/> Estate (SSN of decedent) _____              |
| <input type="checkbox"/> Partnership _____  | <input type="checkbox"/> Plan administrator (SSN) _____              |
| <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____          | <input type="checkbox"/> Trust (SSN of grantor) _____                |
| <input type="checkbox"/> Personal service corp. _____                                 | <input type="checkbox"/> National Guard _____                        |
| <input type="checkbox"/> Church or church-controlled organization _____               | <input type="checkbox"/> Farmers' cooperative _____                  |
| <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____               | <input type="checkbox"/> REMIC _____                                 |
| <input checked="" type="checkbox"/> Other (specify) ▶ <b>UNITED LIABILITY COMPANY</b> | <input type="checkbox"/> State/local government _____                |
|   | <input type="checkbox"/> Federal government/military _____           |
|   | <input type="checkbox"/> Indian tribal governments/enterprises _____ |
|   | Group Exemption Number (GEN) ▶ _____                                 |

8b If a corporation, name the state or foreign country \_\_\_\_\_ State \_\_\_\_\_ Foreign country \_\_\_\_\_

9 Reason for applying (check only one box)

|  |  |
|--|--|
| <input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>LLC</b> | <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____               |
| <input type="checkbox"/> Hired employees (Check the box and see line 12.)            | <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ |
| <input type="checkbox"/> Compliance with IRS withholding regulations                 | <input type="checkbox"/> Purchased going business _____                          |
| <input type="checkbox"/> Other (specify) ▶ _____                                     | <input type="checkbox"/> Created a trust (specify type) ▶ _____                  |
|  | <input type="checkbox"/> Created a pension plan (specify type) ▶ _____           |

10 Date business started or acquired (month, day, year)  
**12/08/2003** 11 Closing month of accounting year  
**DECEMBER**

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) \_\_\_\_\_

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0-".

|                                       |                                    |                                |
|---------------------------------------|------------------------------------|--------------------------------|
| Agricultural <input type="checkbox"/> | Household <input type="checkbox"/> | Other <input type="checkbox"/> |
|---------------------------------------|------------------------------------|--------------------------------|

14 Check one box that best describes the principal activity of your business.

|  |   |   |  |   |
|--|---|---|--|---|
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Rental & leasing | <input type="checkbox"/> Transportation & warehousing | <input type="checkbox"/> Health care & social assistance | <input type="checkbox"/> Wholesale-agent/broker |
| <input type="checkbox"/> Real estate             | <input type="checkbox"/> Manufacturing    | <input type="checkbox"/> Finance & insurance          | <input type="checkbox"/> Accommodation & food service    | <input type="checkbox"/> Wholesale-other        |
|  |   |   | <input type="checkbox"/> Other (specify) _____           | <input type="checkbox"/> Retail                 |

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.  
**ALUMINUM / RESCREENING**

16a Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☒ No  
Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.  
Legal name ▶ \_\_\_\_\_ Trade name ▶ \_\_\_\_\_

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

|  |                            |              |
|--|----------------------------|--------------|
| Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN |
|--|----------------------------|--------------|

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

|                      |   |
|----------------------|---|
| Designee's name      | Designee's telephone number (include area code) |
| Address and ZIP code | Designee's fax number (include area code)       |

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ **GEORGE T. STRATFORD, JR.**

Signature ▶ **George T. Stratford, Jr.** Date ▶ **2/11/04**

Applicant's telephone number (include area code)  
**941-764-8734**

Applicant's fax number (include area code)  
**none**