


**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      Mailing Address  
**3724 EASY STREET**      **PO BOX 380611**  
**PORT CHARLOTTE FL 33952**      **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

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>STRATFORD, GEORGE T JR</b> <b>PO BOX 380611</b> <b>MURDOCK FL 33938</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *George Stratford*      **3-20-04-9413807985**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

Person number 2801592

Attachment 3408155

81-0647780

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.)

EIN 81-0647780

Department of the Treasury Internal Revenue Service

See separate instructions for each line. Keep a copy for your records.

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)

Sole proprietor (SSN)

Partnership

Corporation (enter form number to be filed)

Personal service corp.

Church or church-controlled organization

Other nonprofit organization (specify)

Other (specify) **UNITED LIABILITY COMPANY**

Estate (SSN of decedent)

Plan administrator (SSN)

Trust (SSN of grantor)

National Guard

Farmers' cooperative

REMIC

State/local government

Federal government/military

Indian tribal governments/enterprises

Group Exemption Number (GEN)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

Foreign country

9 Reason for applying (check only one box)

Started new business (specify type) **LLC**

Banking purpose (specify purpose)

Changed type of organization (specify new type)

Purchased going business

Created a trust (specify type)

Created a pension plan (specify type)

Hired employees (Check the box and see line 12.)

Compliance with IRS withholding regulations

Other (specify)

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

Household

Other

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

Construction

Rental & leasing

Transportation & warehousing

Real estate

Manufacturing

Finance & insurance

Health care & social assistance

Accommodation & food service

Wholesale-agent/broker

Wholesale-other

Retail

Other (specify)

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 **X** *George T. Stratford, Jr.*

Date **X** *1/12/04*

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

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

COPY