

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90018 046 ***158.75

DOCUMENT # L73218 1. Entity Name A-1 SCREEN RITE, INC.			
Principal Place of Business % DAVID G. WROBLESKI 6875 W LONGBOW BEND DAVIE, FL 33331		Mailing Address % DAVID G. WROBLESKI 6875 W LONGBOW BEND DAVIE, FL 33331 US	
2. Principal Place of Business 5348 N.W. West Lanett Cir.		3. Mailing Address 5348 N.W. West Lanett Cir.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Port St. Lucie, Fl.		City & State Port St. Lucie	
Zip 34986		Zip 34986	
Country Port St. Lucie		Country Port St. Lucie	
4. FEI Number 65-0181210		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		02022004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent WROBLESKI, DAVID G. 6875 W LONGBOW BEND DAVIE, FL 33331		7. Name and Address of New Registered Agent Name Sarge Street Address (P.O. Box Number is Not Acceptable) City FL	
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, accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME WROBLESKI, DAVID G <input type="checkbox"/> Delete STREET ADDRESS 5348 N.W. West Lanett Cir. CITY-ST-ZIP Port St. Lucie, Fl. 34986	TITLE P <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME WROBLESKI, DAVID G STREET ADDRESS 5348 N.W. West Lanett Cir. CITY-ST-ZIP Port St. Lucie, Fl. 34986	TITLE ST <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME WROBLESKI, EMILY STREET ADDRESS 5348 N.W. West Lanett Cir. CITY-ST-ZIP Port St. Lucie, Fl. 34986	TITLE ST <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME WROBLESKI, EMILY STREET ADDRESS 5348 N.W. West Lanett Cir. CITY-ST-ZIP Port St. Lucie, Fl. 34986
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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>Emil Wroblewski, Sect. Treasurer - 2/2/04-772-340-1407</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			