2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCLI	ANNUAL REPORT			Sagratary of State	
DOCUI	MENT # L73218			Secretary of St	late
1. Entity Name	e			02-05-2004 90018 046 ***1:	
A-1 SCRE	EN RITE, INC.				
Oringinal Plans	o of Parainger	Molling Address		1	
Principal Place % DAVID G. V		Mailing Address % DAVID G. WROBLESK	1	<u> </u>	
6875 W LONG		6875 W LONGBOW BEN			
DAVIE, FL 33			S		
0 Principal D	and of Pusings	2 Mailing Address	1	₹B3/4666666	F &
5348 B		3. Mailing Address (2.5348 P.W.)	West Lamet	4 Cin.	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u>-</u>	02022004 Chg-P CR2E034 (10/03)	
Port State	Levele,71.	Port St. Lu	cie	 _ _ 	plied For t Applicable
3498	6 Port & Lucie	34986	PANT SL. COCIE	5. Certificate of Status Desired \$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
		· · · · · · · · · · · · · · · · · · ·	A Name Same		Ŧ l
WROBLESKI, DAVID G.				(P.O. Box Number is Not Acceptable)	
DAVIE, FL					
			Cit	TATE OF THE PROPERTY OF THE PR	- j
8. The above	named entity submits this statement for	the ournose of changing its	registered office or registe	areu agein, o poin, in the State of Florida. I am familiar w	accept
the obligati	ions of registered agent.	into porposo or orientaling its			
SIGNATURE	- · · · · ·		•		
SIGNATORES	Signature, typed or printed name of registered agent a	and title if applicable. (NOT)	E: Registered Agent signature require	ed when reinstating) DATE	
		S Floring Compa		- 00	;- <u>.</u>
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campai		5.00 May Be	i 1
*.	aj 1, 200 1 1 44 11 44 4400	K) I HOULT GIVE CON	ribution. 🗀 Ad	ded to Fees	
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10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
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1.12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

neasurer - 2/2/04-772-340-1403

Daytime Phone #