

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jul 05, 2007 08:00 AM
Secretary of State

DOCUMENT # M81107

Entity Name
SPECTRUM SCREEN PRINTING, INC.



Principal Place of Business
**945 N.E. INDUSTRIAL BLUE
JENSEN BEACH, FL 34957**

Mailing Address
**952 SE CANDLE AVE
PORT SAINT LUCIE, FL 34983 US**



07022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0048766

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JESSEE, TERRY L
952 SE CANDLE AVENUE
PORT ST. LUCIE, FL**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME	P JESSEE, TERRY
STREET ADDRESS	952 S.E. CANDLE AVE.
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983
TITLE NAME	V JESSEE, MARY ANN
STREET ADDRESS	952 S.E. CANDLE AVE.
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 OR DIRECTOR

Date

Daytime Phone #

TERRY JESSEE **7-1-07** **77-263-1180**