


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90026 039 ***150.00

| | |
|--|---|
| DOCUMENT # M85427 |  |
| 1. Entity Name ANCHOR SCREENS INC. | |

| | |
|--|--|
| Principal Place of Business 7330 SOUTH US #1 HIGHWAY PORT ST. LUCIE, FL 34952 US | Mailing Address 7330 SOUTH US #1 HIGHWAY PORT ST. LUCIE, FL 34952 US |
|--|--|

| | |
|--|--|
| 2. Principal Place of Business - No P.O. Box # 2125 S.E. HARLOW ST | 3. Mailing Address 2125 S.E. HARLOW ST |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

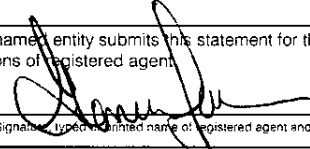
| | |
|---|---|
| City & State Port St Lucie FL | City & State Port St Lucie FL |
| Zip 34952 | Zip 34952 |
| Country USA | Country USA |

40040000



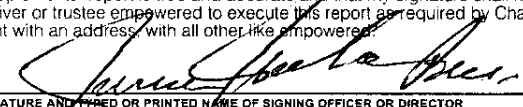
03102008 Chg-P CR2E034 (12/06)

| | |
|---|--|
| 6. Name and Address of Current Registered Agent GENEVIEVE JACKSON 7330 SOUTH US HIGHWAY #1 PORT ST. LUCIE, FL 34952 | |
|---|--|

| | |
|--|--|
| 7. Name and Address of New Registered Agent Name Genevieve Jackson Street Address (P.O. Box Number is Not Acceptable) 2125 S E HARLOW ST City Port St Lucie FL Zip Code 34952 | |
| 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  V.P. Anchor Screens Inc. 3/16/08 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | |

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|---|
| TITLE PTD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME JACKSON, JAMES G. | | NAME | |
| STREET ADDRESS 2125 SE HARLOW STREET | | STREET ADDRESS | |
| CITY-ST-ZIP PORT ST. LUCIE, FL 34952 | | CITY-ST-ZIP | |
| TITLE VPSD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME JACKSON, GENEVIEVE | | NAME | |
| STREET ADDRESS 2125 SE HARLOW STREET | | STREET ADDRESS | |
| CITY-ST-ZIP PORT ST. LUCIE, FL 34952 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

| | |
|---|--|
| 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:  3/16/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | |