## 2004 FOR PROFIT CORPORATION

## FILED Apr 02, 2004 08:00 AM

ANNUAL REPURI				Secretary of State				
DOCUMENT # P00000018971					2	ecret	ary o	1 State
Entity Name								
APPLICANT-SCREENING,COM, INC	<b>).</b>							
Principal Place of Business	Mailing Address							
207 CRYSTAL GROVE AVE		ì						
LUTZ, FL 33548	36 SE 15TH TERRACE OCALA, FL 34471							
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Principal Place of Business     Mailing Address     Output And Address					RIKI NAKIK RRIKI DANKA R	)))	) <b>d (0</b> ))) ( <b>000</b> ) ili	<b>                                    </b>
Suite, Apt #, etc.	Suite, Apt #, etc.	City & State		01122004 4. FEI Number	Chg-P	CR2E0	34 (10/03)	plied For
City & State		Country		59-3634			No	ot Applicable
Z <sub>i</sub> p Country	Zιρ	Country			f Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
GUASTELLA, JOHN 18718 LAKESHORE DR		Street	Address (f	P.O. Box Number	is Not Acceptab	ile)		
LUTZ, FL 33549 }								
		City				FL	Z <sub>I</sub> p Cod	e
The above named entity submits this statement for the obligations of registered agent	r the purpose of changing its	registered office	or register	ed agent, or both	, in the State of F	lorida. I am i	amiliar with,	and accept
SIGNATURE Signature typed or printed name of registered agent	and tills if applicable (NOT	E Registered Agent sign	halture rechured	(when reinstaling)		DATE		
and more typed in printed name of Egistorica agent	But the Pappeasse (1991)	E riografico rigori sign						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.	9. Election Campa Trust Fund Cont		\$5.	.00 May Be led to Fees				i.
10. OFFICERS AND	DIRECTORS	11.		ADDITIONS/0	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE P	Delete	TITLE					☐ Change	☐ Addition
NAME GUASTELLA, JOHN STREET ADDRESS 18718 LAKESHORE DR		NAME STREET ADDRESS						
STREET ADDRESS   18718 LAKESHORE DR		City-ST-ZIP	°					}
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12 I hazabu sartifu that the information supplied wit	n this filling does not qualify fo	or the exemption s	stated in Se	ection 119.07(3)()	), Fiorida Statute	s. I further cer	tify that the	information
indicated on this report or supplemental report of the corporation of the receiver or trustee importanged, or on an attachment with in address,	s true and accurate and that owered to execute this report with all other by empowered	my signature shat t as required by 0 1.	ll have the Chapter 607	same legal effect 7, Florida Statutes	t as if made unde s, and that my na	er oath, that I me appears i	am an office n Block 10 c	r or director or Block 11 if
11 // // 1 /	\ // IN/							
SIGNATURE:	PRINTED NAME OF SIGNING OFFICER	Jitta 1	CUASTA	EI LA	3-22-06	317	949 1	40)