


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000070769</b> 1. Entity Name JCR SCREEN REPAIR & SERVICE, INC.	
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Principal Place of Business 419 QUAIL DRIVE MARCO ISLAND, FL 34145	Mailing Address 419 QUAIL DRIVE MARCO ISLAND, FL 34145
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**DO NOT WRITE IN THIS SPACE**



05172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3736888	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHART, JEFFREY  
419 QUAIL DRIVE  
MARCO ISLAND, FL 34145

**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: Jeff Rchart JEFF RICHART 5-1-04  
Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when resigning) DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS RICHART, JEFFREY 419 QUAIL DRIVE MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT RICHART, LISA 419 QUAIL DRIVE MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/20/04-80006-006 150.00

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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 full other like empowered.

SIGNATURE: Jeff Rchart JEFF RICHART 5-1-04 239-293-7376  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #