

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000097916

FILED
Apr 10, 2004
Secretary of State

Entity Name: AABLE SCREENROOMS AND ENCLOSURES, INC.

Current Principal Place of Business:

2175 KINGSLEY AVE.
SUITE 308
ORANGE PARK, FL 32073

Current Mailing Address:

2175 KINGSLEY AVE.
SUITE 308
ORANGE PARK, FL 32073

New Principal Place of Business:

1008 LORING AVENUE
SUITE 28
ORANGE PARK, FL 32073

New Mailing Address:

1008 LORING AVENUE
SUITE 28
ORANGE PARK, FL 32073

FEI Number: 59-3747639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HICKS, S. DAVID
1710 SHADOWOOD LANE, #220
JACKSONVILLE, FL 32207

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CICORA, MICHAEL A
Address: 1710 SHADOWOOD LANE, #220
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: CICORA, MARY M
Address: 1710 SHADOWOOD LANE, #220
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: CICORA, ANTHONY
Address: 1710 SHADOWOOD LANE, #220
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CICORA, MICHAEL S
Address: 1710 SHADOWOOD LANE, #220
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CICORA, ANTHONY J
Address: 1710 SHADOWOOD LANE, #220
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL S. CICORA

PRES

04/10/2004

Electronic Signature of Signing Officer or Director

Date