

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-03-2004 90014 028 ***150.00



DOCUMENT # P03000058505
 1. Entity Name
MIKE FRANK SCREENS, ALUMINUM & CONCRETE, INC.

Principal Place of Business
2750 SE 24TH BLVD
OKEECHOBEE FL 34974

Mailing Address
2750 SE 24TH BLVD
OKEECHOBEE FL 34974

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
799 S.W. 85th Ave
 Suite, Apt. #, etc.

City & State
Okeechobee Fla.

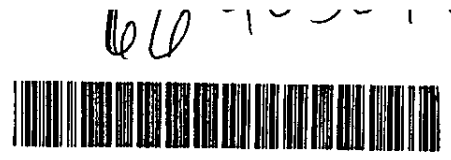
City & State

Zip Country Zip Country

4. FEI Number
02-0690189

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
FRANK, MIKE
2750 SE 24TH BLVD
OKEECHOBEE FL 34974

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FRANK, MIKE 2750 SE 24TH BLVD 799 SW 85th Ave OKEECHOBEE FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete YODER, DAVID 2750 SE 24TH BLVD 799 S.W. 85th Ave OKEECHOBEE FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Flint Frank 3679 N.W. 44th Ave Okeechobee Fl 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director - President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 799 S.W. 85th Ave Okeechobee Fla. 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Vice President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 799 SW 85th Ave Okeechobee Fla. 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: Mike Frank **2-24-04** **863 634 7767**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #