

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90181 002 ***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 799 SW 85TH AVE. Suite, Apt. #, etc.			3. Mailing Address 799 SW 85TH AVE. Suite, Apt. #, etc.		
City & State OKEECHOBEE, FL			City & State OKEECHOBEE, FL		
Zip 34974		Country US		4. FEI Number 02-0690189	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FRANK, MIKE 700 SW 85TH AVE. 799 SW 85TH AVE. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	DP FRANK, MIKE 799 SW 85TH AVE. OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV YODER, DAVID 799 SW 85TH AVE. OKEECHOBEE, FL 34974	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FLINT, FRANK 3679 NW 4TH AVE. OKEECHOBEE, FL 34972	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANK, PATRICIA S. 799 SW 85TH AVE. OKEECHOBEE, FL 34974	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANK, PATRICIA S. 799 SW 85TH AVE. OKEECHOBEE, FL 34974	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANK, PATRICIA S. 799 SW 85TH AVE. OKEECHOBEE, FL 34974	<input type="checkbox"/> Change <input checked="" 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:  2/28/05 863.357.4703 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40023499



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