


**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      Mailing Address  
~~2750 SE 24TH BLVD~~      ~~2750 SE 24TH BLVD~~  
~~OKEECHOBEE, FL 34974~~      ~~OKEECHOBEE, FL 34974~~

**40023499**

2. Principal Place of Business      3. Mailing Address  
**799 SW 85TH AVE.**      **799 SW 85TH AVE.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



02242005      Chg-P      CR2E034 (10/03)

City & State      City & State  
**OKEECHOBEE, FL**      **OKEECHOBEE, FL**

Zip      Country      Zip      Country  
~~34974~~      ~~US~~      ~~34974~~      ~~US~~

4. FEI Number      Applied For  
**02-0690189**      Not Applicable

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

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.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	FRANK, MIKE	
STREET ADDRESS	799 SW 85TH AVE.	
CITY-ST-ZIP	OKEECHOBEE, FL 34974	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	YODER, DAVID	
STREET ADDRESS	799 SW 85TH AVE.	
CITY-ST-ZIP	OKEECHOBEE, FL 34974	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	FLINT, FRANK	
STREET ADDRESS	3679 NW 4TH AVE.	
CITY-ST-ZIP	OKEECHOBEE, FL 34972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK, PATRICIA S.	
STREET ADDRESS	799 SW 85TH AVE.	
CITY-ST-ZIP	OKEECHOBEE, FL 34974	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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*      **2/28/05**      **863.357.4703**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #