
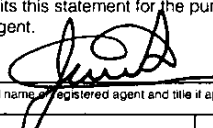
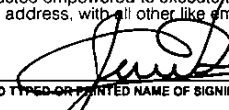


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90019 029 ***550.00

DOCUMENT # P03000104351 1. Entity Name SCREEN MAN OF SOUTHWEST FLORIDA, INC.					
Principal Place of Business 4110 ENTERPRISE AVE. 207 NAPLES, FL 34104			Mailing Address 261 WOODPECKER ROAD NAPLES, FL 34114		
2. Principal Place of Business 950 North Collier Blvd.		3. Mailing Address 6059 Everett ST			
Suite, Apt. #, etc. # 423		Suite, Apt. #, etc.			
City & State Marco Island, FL		City & State Naples, FL			
Zip 34145		Country U.S		Zip 34112	
Country U.S		Country U.S			
4. FEI Number 55-0847505			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SEGURA-ORTEGA, JESUS 261 WOODPECKER RD NAPLES, FL 34114			7. Name and Address of New Registered Agent Name Segura-Ortega Jesus Street Address (P.O. Box Number is Not Acceptable) 6059 Everett ST. City Naples FL Zip Code 34112		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 07/07/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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	D SEGURA-ORTEGA, JESUS 261 WOODPECKER ROAD NAPLES, FL 34114 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Segura-Ortega Jesus 6059 Everett ST. Naples, FL 34112 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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 exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 07/07/06 (239) 825-5188 <small>Date Daytime Phone #</small>		